

## **Identity Theft Victim's Complaint and Affidavit**

A voluntary form for filing a report with law enforcement, and disputes with credit reporting agencies and creditors about identity theft-related problems. Visit ftc.gov/idtheft to use a secure online version that you can print for your records.

## Before completing this form:

- 1. Place a fraud alert on your credit reports, and review the reports for signs of fraud.
- 2. Close the accounts that you know, or believe, have been tampered with or opened fraudulently.

	/					Leave (3)
I)	My full legal name:					blank until
,		First	Middle	Last	Suffix	you provide
2)	My date of birth:					this form to
		mm/dd/yyyy				someone with a legitimate
3)	My Social Security nu	mber:	<u>-</u>			business need
4)						like when you
T)	My driver's license: _		Number			are filing your report at the
-\						police station
5)	My current street add	dress:				or sending
						the form
	Number & Stree	t Name		Apartment, Su	ite, etc.	to a credit reporting
						agency to
	City	State	Zip Code		Country	correct your
6)	I have lived at this add	dress since				credit report.
0)	Thave hved at this adv		mm/yyyy			
7)	My daytime phone: (	)				
	My evening phone: (_					
	My email:					
\t t	he Time of the Fra	ıud				
						Skip (8) - (10)
8)	My full legal name wa					if your
		First	Middle	Last	Suffix	information has not
9)	My address was:					changed since
( )	,	Apartmer	t, Suite, etc.	the fraud.		
	City	State	Zip Code	(	Country	
				_	,	
10)	My daytime phone: (	)	My ev	ening phone:	()	

The Paperwork Reduction Act requires the FTC to display a valid control number (in this case, OMB control #3084-0047) before we can collect – or sponsor the collection of – your information, or require you to provide it.

Victim	's Na	me				_ Phone number	r ()	Page 2
Abo	ut `	<b>You</b> (th	e vict	tim) (Conti	nued)			
Decla	arat	ions						
(11)	I	□ did	OR	□ did not	obtain mon	ey, credit, loans,	v name or personal goods, or services ned in this report.	
(12)	I	□ did	OR	☐ did not	•	, •	services, or other l ed in this report.	benefit as a
(13)	I	□ am	OR	OR am not willing to work with law enforcement if charges are brough against the person(s) who committed the fraud.			•	
Abou	ut ti	he Fra	ud					
(14)		cuments	to ope	en new accou	,	mation or identiexisting accounts	fication s, or commit other Suffix	about anyone you believe was involved (even if you don't have
Ad		Address		umber & Street	Name	Apar	rtment, Suite, etc.	complete information).
			City		State	Zip Code	Country	
		Phone N	Numbe	ers: ()		()		
	Additional information abo			ormation abo	ut this persor	n:		

Victim	's Name	Phone number ()	Page 3
(15)		out the crime (for example, how the identity thief rmation or which documents or information were	(14) and (15): Attach additional sheets as needed.
			-
Doc	umentation		
	license, state-issued ID car If you are under 16 and don' a copy of your official school acceptable.  Proof of residency during twas made, or the other ev	photo identification card (for example, my driver's	(16): Reminder: Attach copies of your identity documents when sending this form to creditors and credit reporting agencies.
Abo	out the Information o	or Accounts	
(17)	birth) in my credit report is  (A)	ormation (like my name, address, Social Security nums inaccurate as a result of this identity theft:	
(18)	Credit inquiries from these theft:	e companies appear on my credit report as a result o	f this identity
	Company Name:		

Victim's Name	Phone number ( )	Page 4

(19) Below are details about the different frauds committed using my personal information.

Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
Account Type: ☐ Credit ☐ Governme	Bank □Phone/Utilitie ent Benefits □Internet		her
Select ONE:  ☐ This account was op ☐ This was an existing	ened fraudulently. account that someone ta	ampered with.	
Date Opened or Misused (mm/yy	yy) Date Discovered (mm	/yyyy) Total Amo	ount Obtained (\$)
Name of Institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
Account Type: ☐ Credit ☐ Governme	□Bank □Phone/Utilitie ent Benefits □Internet		her
Select ONE:  ☐ This account was op ☐ This was an existing	ened fraudulently. account that someone ta	ampered with.	
Date Opened or Misused (mm/yy	yyy) Date Discovered (mm	/yyyy) Total Amo	ount Obtained (\$)
Name of Institution	Contact Person	Phone	Extension
iname of institution	Contact Person	Phone	Extension
Account Number	Routing Number	Affected C	heck Number(s)
<i>7</i> 1	Bank □Phone/Utilitie ent Benefits □Internet		her
Select ONE:  ☐ This account was op ☐ This was an existing	ened fraudulently. account that someone ta	ampered with.	
Date Opened or Misused (mm/yy	yy) Date Discovered (mm	/yyyy) Total Amo	ount Obtained (\$)

(19):
If there were
more than three
frauds, copy this
page blank, and
attach as many
additional copies
as necessary.

Enter any applicable information that you have, even if it is incomplete or an estimate.

If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

Contact Person: Someone you dealt with, whom an investigator can call about this fraud.

Account Number: The number of the credit or debit card, bank account, loan, or other account that was misused.

Dates: Indicate when the thief began to misuse your information and when you discovered the problem.

Amount Obtained: For instance, the total amount purchased with the card or withdrawn from the account.

Victim's Name	Phone number (	)	Page 5

## **Your Law Enforcement Report**

Victim's FTC complaint number (if available):

(20): (20)One way to get a credit reporting agency to quickly block identity theft-Check "I have related information from appearing on your credit report is to submit a not..." if you have detailed law enforcement report ("Identity Theft Report"). You can obtain not yet filed a report with law an Identity Theft Report by taking this form to your local law enforcement enforcement or office, along with your supporting documentation. Ask an officer to witness you have chosen your signature and complete the rest of the information in this section. It's not to. Check "I important to get your report number, whether or not you are able to file in was unable..." if person or get a copy of the official law enforcement report. Attach a copy of you tried to file a report but law any confirmation letter or official law enforcement report you receive when enforcement sending this form to credit reporting agencies. refused to take it. Select ONE: Automated report: ☐ I have not filed a law enforcement report. A law enforcement ☐ I was unable to file any law enforcement report. report filed ☐ I filed an automated report with the law enforcement agency listed through an below. automated ☐ I filed my report in person with the law enforcement system, for officer and agency listed below. example, by telephone, mail, or the Internet, instead of a face-to-face Law Enforcement Department State interview with a law enforcement officer. Report Number Filing Date (mm/dd/yyyy) Officer's Signature Officer's Name (please print) Badge Number Phone Number Did the victim receive a copy of the report from the law enforcement officer? ☐ Yes OR ☐ No

Sign	nature	
As ap		NCE OF a law enforcement officer, a notary, or
(21) I certify that, to the best of my knowledge and belief, all of the information on an this complaint is true, correct, and complete and made in good faith. I understand complaint or the information it contains may be made available to federal, state, a law enforcement agencies for such action within their jurisdiction as they deem a understand that knowingly making any false or fraudulent statement or represent government may violate federal, state, or local criminal statutes, and may result i imprisonment, or both.		blete and made in good faith. I understand that this may be made available to federal, state, and/or local n within their jurisdiction as they deem appropriate. I alse or fraudulent statement or representation to the
Signat	ture	Date Signed (mm/dd/yyyy)
5161141	eu e	Date signed (IIIII) adjyyyyy
You	r Affidavit	
	Theft Affidavit to prove to each of the co you are not responsible for the fraud. W that you submit different forms. Check v should also check to see if it requires not	In law enforcement, you may use this form as an Identity ompanies where the thief misused your information that while many companies accept this affidavit, others require with each company to see if it accepts this form. You tarization. If so, sign in the presence of a notary. If it relative) sign that you completed and signed this Affidavit
Notar	у	-
Witne	ess:	
Signat	cure	Printed Name
Date		Telephone Number

## **Completed Forms**

Completed forms, accompanied by a photocopy of your picture ID and proof of residency (if requested) may be dropped off at any Logix branch, faxed to Logix Fraud Risk Management at (818)565-2144, scanned and emailed to fraudgroup@lfcu.com, or mailed to:

Logix
Attention: Fraud Risk Management
P.O. Box 6759
Burbank, CA 91510

Call (818)565-2150 or (888)718-5328, ext. 2150 to speak to a Logix Fraud Investigator

PLEASE NOTE: The information submitted to Logix as part of this Identity Theft Victim's Complaint and Affidavit is submitted for the sole purpose of processing the removal of declarant's name and personal identifying information from the credit bureaus or other reporting agencies associated with its unauthorized use. LOGIX will not use this information for any other purpose.