

IDENTITY THEFT COMPLAINT FORM

LISA MADIGAN
ILLINOIS ATTORNEY GENERAL

Consumer Fraud Bureau
500 South Second Street
Springfield, IL 62706



Identity Theft Hotline: 866-999-5630

TTY: 1-877-844-5461

Fax: 217-782-1097

www.IllinoisAttorneyGeneral.gov

ID Theft Advocate: _____

Tell Us About Yourself: Mr. Mrs. Ms.

First, Middle, Last Name: _____

Your E-mail Address (Optional): _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Your Residential Telephone Number: () _____

Daytime Telephone Number: () _____ Evening Telephone Number: () _____

Previous Address: _____ Dates: From _____ To _____

City: _____ State: _____ Zip Code: _____

Previous Telephone Number: () _____

Do you know the name of the person who stole your identity? Yes No

If so, please list their name, address and telephone number:

Have you contacted your financial institutions? (Banks, credit card companies, etc.) Yes No

Have you filed an affidavit? Yes No Date Filed: _____

Have you filed a police report? Yes No Date Filed: _____

If so, please list name, address, and telephone number of the Police Department and the Police Report Number:

Have you placed a Fraud Alert on your credit report? Yes No Date Filed: _____

Did you place an Initial Alert that stays on your credit report for at least 90 days? Yes No ***Or***

Did you place an Extended Alert that stays on your credit report for 7 years? Yes No

Which Credit Reporting Agency did you contact? TransUnion Equifax Experian

Have you placed a Credit Freeze on your credit report? Yes No Date Filed: _____

Which Credit Reporting Agency(s) did you contact? TransUnion Equifax Experian

Have you received a Security Breach notice? Yes No

If so, please list the name and address of the company:

Information regarding the fraudulent accounts that have been opened and the creditors that are contacting you:

Name of Creditor:	Address:	Account Number:
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Briefly describe your identity theft complaint. You may use additional sheets if necessary. Please attach copies of all documents that relate to your complaint. Please do not send originals.

Unless you have checked this box, we will contact the creditors that you have listed above.

READ THE FOLLOWING BEFORE SUBMITTING YOUR IDENTITY THEFT COMPLAINT

In filing this complaint, I understand that the Attorney General is not my private attorney, but rather represents the public by enforcing laws designed to protect the public from misleading or unlawful business practices. I also understand that if I have any questions concerning my legal rights or responsibilities, I should contact a private attorney. I have no objection to the contents of this complaint being forwarded to the business or the person the complaint is directed against. The above complaint is true and accurate to the best of my knowledge.

Signature: _____ Date: _____