

Aubrey Police Department

Identity Theft Complaint Form

I. Victim – Complete this section with your information.				
Name:				
Race:	Sex:	Date of Birth:	SSN:	
Residence address:				
City:	State:	ZIP Code:	Phone:	
Business address:				
City:	State:	ZIP Code:		
E-mail Address:				Alt. Phone:
II. Notification - How and when did you learn of this offense?				
Explain:				
III. Offense Location – Where was your identifying information used?				
Type of location:				
Address:				
City:	State:	ZIP Code:	Phone:	
Was your information used online? Yes <input type="checkbox"/> No <input type="checkbox"/>		From what IP Address?		
Was your information used by phone? Yes <input type="checkbox"/> No <input type="checkbox"/>		From what phone number?		
Date of Offense:	Time of Offense:	Surveillance Video Available? Yes <input type="checkbox"/> No <input type="checkbox"/>		
IV. How was your information used? Check all that apply.				
To obtain credit/utilities <input type="checkbox"/>	To open a bank account <input type="checkbox"/>	During an arrest/citation <input type="checkbox"/>		
Other - Explain:				
V. Witness – To whom was your information presented?				
Name:				
Race:	Sex:	Date of Birth:	Phone:	
Residence Address:				
City:	State:	ZIP Code:		
Title/Position:	E-mail Address:			
VI. Suspect – Provide any information available				
Name:				
Race:	Sex:	Date of Birth:	Phone:	
Residence Address:				
City:	State:	ZIP Code:		
Identification Presented (number and type):			Can Witness identify Suspect? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Distinguishing features:				
Vehicle Make:	Model:	Color:	Year:	License/State:
VII. Narrative – Attach additional pages as needed				