Department of Agriculture, Trade and Consumer Protection

Identity Theft

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?   **Please complete form using ink.**   *(Wis. Stats. §§ 93.06, 100.20)*

Name: (Mr. Mrs. Miss Ms.) _____
       (circle one)   *(first)*   *(middle)*   *(last)*

Phone: Home ( ) _____ Work ( ) _____ ext. _____ Cell ( ) _____

Contact me between 8:00 A.M. and 4:00 P.M. at: *(circle one)* Home Work Cell Email: _____

Address: _____ Apt.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

Social Security Number: *(optional)* _____ Date of Birth: *(MM/DD/YYYY)* _____ Age: _____

Information about your complaint

2. ID Theft occurs when someone uses your name and/or other identifying information for their personal gain. Please check the types of ID theft you were a victim of: *(check all that apply)*

___ **Credit Cards or Debit Cards**   ___ **Phone or Utilities**   ___ **Government Documents or Benefits**

___ **Checking or Savings Accounts**   ___ **Securities or Other Investments**   ___ **Other:** _____

___ **Loans**   ___ **Internet or E-mail**

3. Did suspect use the Internet to open the account or purchase the goods or services: *(circle one)* No Yes Unknown

4. Were your accounts taken over to fraudulently obtain goods or services: *(circle one)* No Yes Unknown

5. Was your personal information used to obtain new accounts or services in your name: *(circle one)* No Yes Unknown

Details of the Identity Theft

6. When did you notice that you might be a victim of identity theft? *(MM/DD/YY)* _____

7. When did identity theft first occur? *(i.e., when was first account opened?)* *(MM/DD/YY)* _____

8. How many accounts were opened or accessed? *(credit cards, loans, bank accounts, cellular phone accounts, etc.)* _____

9. How much money, if any, have you had to pay as a result of the theft? $ _____

10. How much money, if any, did the identity thief obtain from companies in your name? $ _____

11. How much loss, if any, have you recovered prior to filing your complaint? $ _____

12. What other problems, if any, have you experienced as a result of the identity theft? *(check all that apply)*

___ **No other harm suffered**

___ **Civil suit filed or Judgment entered against you**

___ **Criminal investigation, Arrest or Conviction**

___ **Denied credit or other financial services**

___ **Denied employment or loss of job**

___ **Harassed by debt collector or creditor**

___ **Time lost to resolve problems:** *(specify amount)* _____

___ **Reputation harm**

___ **Other:** _____

Form # DOSO 159 (R. 10/16)

13. How did the thief obtain your personal information?

___ Data Breach ___ Family member ___ Mail Theft ___ Lost wallet/purse ___ Internet or E-mail
___ Robbery ___ Phishing ___ Unknown ___ Other: _____

14. The Identity Thief

Please provide any information you may have about the identity thief, including his or her name, and any addresses or phone numbers the identity thief may have used.

Name: (Mr. Mrs. Miss Ms.) _____
　　(circle one)　　　　　　　*(first)*　　　　　　　*(middle)*　　　　　　*(last)*

Phone Number: (　) _____ *(circle type, if known)* Home Work Cell

Address: _____ Apt.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail Address: _____ Relationship to the identity thief: _____

15. Contacts

Please indicate which of the following steps, if any, you have already taken to deal with the identity theft.

For which of the following credit bureaus, have you: *(check all that apply)*

	Equifax	Experian	Trans Union	Other	None
Called to report the fraud?					
Put a "fraud alert" or "freeze" on your report?					
Ordered your credit report?					
Problem with Credit Bureau?					

Have you filed this complaint with another agency? *(circle one)* No Yes Agency name: _____

　　What happened? _____

_____

Have you contacted the police? *(circle one)*　　No　　Yes

If yes, please provide the following information: Date: *(MM/DD/YYYY)* _____ Time: _____

Police department name: _____ Name of Investigating Officer: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone Number: (　) _____ Police Report Number: *(if know)* _____

16. Problems with businesses

Do you have any problems with the businesses, credit bureaus, or organizations you are dealing with concerning your identity theft problems? If so, identify each business, credit bureau, or organization, provide its location and/or telephone number, if you have it, and tell us briefly what the problem is. <u>NOTE</u>: if you checked the problem box for any of the three credit bureaus in the section above, please include those credit bureaus here.

<u>COMPANY 1</u>

Name of business: _____

Address: _____ Ste.# _____ PO Box: _____

City: _____ State: _____ Zip: _____ County: _____

　　　　　　　　　　　　　　　　　　Name of person
Phone: (　) _____ you talked to: _____ Title: _____

Did you contact the business about your complaint? *(circle one)*   **No**   **Yes**   **If yes, date?** _____

    What happened? _____

Have you sent written notifications to this business? *(circle one)*   **No**   **Yes**   **If yes, date?** _____

    What happened? _____

COMPANY 2

Name of business: _____

Address: _____ **Ste.#** _____ **PO Box:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: (**)** _____ **Name of person you talked to:** _____ **Title:** _____

Did you contact the business about your complaint? *(circle one)*   **No**   **Yes**   **If yes, date?** _____

    What happened? _____

Have you sent written notifications to this business? *(circle one)*   **No**   **Yes**   **If yes, date?** _____

    What happened? _____

COMPANY 3

Name of business: _____

Address: _____ **Ste.#** _____ **PO Box:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: (**)** _____ **Name of person you talked to:** _____ **Title:** _____

Did you contact the business about your complaint? *(circle one)*   **No**   **Yes**   **If yes, date?** _____

    What happened? _____

Have you sent written notifications to this business? *(circle one)*   **No**   **Yes**   **If yes, date?** _____

    What happened? _____

COMPANY 4

Name of business: _____

Address: _____ **Ste.#** _____ **PO Box:** _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Phone: (**)** _____ **Name of person you talked to:** _____ **Title:** _____

Did you contact the business about your complaint? *(circle one)*   **No**   **Yes**   **If yes, date?** _____

    What happened? _____

Have you sent written notifications to this business? *(circle one)*   **No**   **Yes**   **If yes, date?** _____

    What happened? _____

17. Describe your complaint in detail

Please give us information about the identity theft, including, but not limited to, how the theft occurred, who may be responsible for the theft, and what actions you have taken since the theft. Please include a list of companies where fraudulent accounts were established or your current accounts were affected. Please attach additional pages as needed.

_____

_____

_____

_____

_____

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_____

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_____

_____

18. How do you feel your complaint should be resolved? *(please be specific)*

_____

_____

_____

_____

_____

This complaint and the information you provide will be used in efforts to investigate identity thieves and to resolve any problems you may have resulting from identity theft. The information you provide may be shared with other entities or governmental agencies as needed for these purposes. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, after this department's action is completed. **The department will maintain the confidentiality of your personally identifiable information to the fullest extent permitted by law.**

The above information is true and accurate to the best of my knowledge.

Your signature: _____ Date: _____

Return this form with any documentation that supports your complaint to our office located at:

Bureau of Consumer Protection
2811 Agriculture Drive
PO Box 8911
Madison WI 53708-8911

EMAIL:
DATCPWisconsinPrivacy@wi.gov

WEBSITE: datcp.wi.gov

(800) 422-7128

(608) 224-5163

FAX: (608) 224-4677

TTY: (608) 224-5058