



**KEMP POLICE DEPARTMENT  
304 S. MAIN ST.  
P.O. BOX 449  
KEMP, TEXAS 75143  
903-498-8600**

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**Please follow ALL INSTRUCTIONS**

1. **Print clearly and legibly.**
2. Complete any and all pertinent information on this form that is known.
3. Any information that does not apply, place **N/A** in that space.
4. A disputed collection notice alone is not sufficient to constitute "Identity Theft"
5. **Supporting documents must be attached to be accepted by the Kemp Police Department.**
6. A document that verifies another person used your SSN, name and date of birth or a combination of the three should be attached.
7. Documents you obtained from the lending institution or bank that extended credit should be attached.
8. Any documentation that supports that you have been the victim of identity theft will be accepted.
9. Please have form notarized and mail back to the Kemp Police Department.

**NOTE:** a collection agency demand for payment alone is not sufficient to establish Identity Theft. *See Fair Credit & Reporting Act.*

Credit Reporting Bureaus:      EXPERIAN 1-888-397-3742  
  EQUIFAX 1-800-525-6285  
  TRANSUNION 1-800-680-7289

For additional information and advice, call the Federal Trade Commission(FTC) Identity Theft Hotline at 1-877-838-4338 or visit their website at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft) . Do not send any documents to the FTC. Additional information and advice can also be viewed at [www.fraud.org](http://www.fraud.org) .



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**Identity Theft / Fraud Complaint Form**  
“\*” INFORMATION MUST BE INCLUDED

**\*1. Complainant’s Information**

Name (Last, First, Middle): \_\_\_\_\_

Race/ Sex/ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Complainant’s Address: \_\_\_\_\_  
\_\_\_\_\_

\*Home Phone: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_

\* Cellular Phone: \_\_\_\_\_

Driver’s License Number/ State: \_\_\_\_\_ / \_\_\_\_\_

How did you find out your identity was used?

\_\_\_\_\_  
\_\_\_\_\_

What was the date your identity was first used? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*2. Identity was used to:**

- Obtain Credit / Card(s)                      Go to #3
- Open Checking Account (s)                      Go to #4
- Counterfeit Checks                              Go to #5

**3. If used to open credit card(s), how was credit applied for:**

**In store** if so, what is the address of the store: \_\_\_\_\_  
\_\_\_\_\_

**By mail** Where were cards sent:  Your Address  
 Another address: \_\_\_\_\_  
\_\_\_\_\_



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**By Phone** Where were cards sent:  Your Address  
 Another address: \_\_\_\_\_

**By internet** Where were cards sent:  Your Address  
 Another address: \_\_\_\_\_

If by internet, what site: \_\_\_\_\_

If account opened in person, what is the teller's name that handled the transaction:  
Name/ Phone Number: \_\_\_\_\_

Can they identify the suspect?  Yes  No

Does the store have security video?  Yes  No

\*Do you have a copy of the credit card application?  Yes  No

\*Do you have copies of your credit report?  Yes  No

\*Do you have documentation showing your information was used?  Yes  No

**\*This must be provide in order to file a report.**

**4. If to open a checking account, how was it opened:**

In Person Bank name & address: \_\_\_\_\_  
\_\_\_\_\_

By phone Address checks were sent to: \_\_\_\_\_  
\_\_\_\_\_

By internet Address checks were sent to: \_\_\_\_\_  
\_\_\_\_\_

If account opened in person, what is the tellers name that handled the transaction:  
Name/ Phone Number: \_\_\_\_\_

Can they identify the suspect?  Yes  No

**5. Counterfeit checks:**

what information was used:  Name  Address  Driver's License  Other: \_\_\_\_\_

Was information printed on the checks?  Yes  No



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Where was the check presented? Name and address: \_\_\_\_\_  
\_\_\_\_\_

What is the teller's name and phone number? \_\_\_\_\_

Can they identify the suspect?  Yes  No

Does the business have security video of the suspect?  Yes  No

Was identification presented?  Yes  No

If yes:

Driver's License or state issued identification: Number: \_\_\_\_\_ State: \_\_\_\_\_

Alien registration card: Number: \_\_\_\_\_

Social Security card: Number: \_\_\_\_\_

Other identification Type: \_\_\_\_\_ Number: \_\_\_\_\_

**6. Suspect information:**

Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

Clothes:

\_\_\_\_\_

Do you know the suspect?  Yes  No

If yes, what is their name and information:

Name: \_\_\_\_\_ Other: \_\_\_\_\_

Has your information been used more than once?  Yes  No

If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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Is there any additional information that you feel would help the detective investigating your case?

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*I did not obtain a benefit, money or goods from someone using my identifying information. I did not authorize anyone to use my personal information or seek the money, credit, loans, goods, or services described in this report.*

*I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C Section 1001 or other federal, state, or local criminal statutes, and may result in imposition of a fine or imprisonment or both.*

\_\_\_\_\_  
Signature of Person Making Report

SUSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas