



**IDENTITY THEFT COMPLAINT FORM
GARLAND POLICE DEPARTMENT
1891 FOREST LN
GARLAND TX, 75042**

“*” INFORMATION MUST BE INCLUDED

*1. Complainant's Name (Last,First,Middle)	Race / Sex / Date of Birth
Complainant's Address _____ _____	*Home Phone
	*Cellular Phone
	Work Phone
Social Security Number	Drivers License Number (State)
How did you find out your identity was used? _____ _____	
What was the date your identity was first used?	
*2.Identity used to: Obtain Credit / Card(s) <input type="checkbox"/> Go to #3 Open Checking Account (s) <input type="checkbox"/> Go to #4 Counterfeit Checks <input type="checkbox"/> Go to #5	
3.If used to open credit / card(s), how was credit applied for:	
In Store <input type="checkbox"/> if so, what is the address of the store:	
By mail <input type="checkbox"/> Where were cards sent: Your address <input type="checkbox"/> Another address <input type="checkbox"/> :	
By phone <input type="checkbox"/> Where were cards sent: Your address <input type="checkbox"/> Another address <input type="checkbox"/> :	
By internet <input type="checkbox"/> Where were cards sent: Your address <input type="checkbox"/> Another address <input type="checkbox"/> :	
If by internet, what site:	
If in a store, what is the teller or clerks name that handled the transaction: Name / Phone number _____	
Can they identify the suspect?	Does the store have security video?
*Do you have a copy of the credit card application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you have copies of your credit report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Do you have documentation showing your information was used? <input type="checkbox"/> Yes <input type="checkbox"/> No *This must be provided in order to file a report.	

