



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

Return your completed Identity Theft Complaint Form to:

The Office of Ohio Attorney General
Consumer Protection Section - Identity Theft Unit
30 East Broad Street, 14th Floor
Columbus, Ohio 43215
(Phone) 1-800-282-0515
(Fax) 614-644-5438
www.OhioAttorneyGeneral.gov

IDENTITY THEFT COMPLAINT FORM

Tell Us About Yourself: Mr. Mrs. Ms.

First, Middle, Last Name: _____
Your E-mail Address (Optional): _____
Current Address: _____
City: _____ State: _____ Zip Code: _____
Daytime Telephone Number: () _____
Evening Telephone Number: () _____ Cellular Telephone Number: () _____

Previous Address: _____ Dates: From _____ To _____
City: _____ State: _____ Zip Code: _____
Previous Telephone Number: () _____

Date you learned of the Identity Theft: _____
Briefly describe how you learned of the Identity Theft: _____

Have you contacted your financial institutions (Banks, credit card companies, etc.)? Yes No
Have you filed a police report*? Yes No Date Filed: _____ Police Report Number: _____
If so, please list the name, address and telephone number of the Police department and attach a copy of the police report: _____
*** If you have not yet filed a Police Report, you must do so prior to submitting this Complaint Form.**

Have you placed a Fraud Alert on your credit report? Yes No Date Filed: _____
Which Credit Reporting Agency did you contact? Please Circle: **Equifax** **Experian** **TransUnion**

Have you placed a Credit Freeze on your credit report? Yes No Date Filed: _____
Which Credit Reporting Agency did you contact? Please Circle: **Equifax** **Experian** **TransUnion**

Have you received any debt collection calls or notices regarding the fraudulent accounts? Yes No
Who were the calls or notices from? The creditor/business A collection agency

Do you know the name of the person who stole your identity? Yes No
If so, please list their name(s), address(es) and telephone number(s):

Have you received a Security or Data Breach Notice from any company notifying you that your personal/identity information was lost by or stolen from that company? Yes No
If so, please list the name and address of the company:

Please provide the following information regarding the fraudulent accounts that have been opened and the creditors that are contacting you. We recommend that you use a separate page for each creditor. By providing this information, you are authorizing us to contact these creditors on your behalf.

Name of Creditor: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Account Number: _____

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.

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 the laws designed to protect the public from unfair, deceptive, unconscionable or unlawful business practices. I also understand that if I have questions concerning my legal rights and 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.

Certain information you submit with your complaint may be considered public information and may be released as part of a public records request. Efforts will be made to safeguard information you are providing.

Signature: _____ Date: _____