Metro-Richmond Fraud & Identity Theft Task Force
ON-LINE COMPLAINT FORM

PERSONAL INFORMATION

Name: _____
Address: _____
City, State, ZIP: _____
Telephone: (_____) _____ ☐ Home ☐ Work ☐ Cell
E-Mail Address: _____

NATURE OF COMPLAINT

☐ False application in your name
☐ Additional name added to your credit/debit account
☐ Account takeover, fraudulent change of address with Financial Institution
☐ Internet Use / Fraud
☐ Mail/ phone order of merchandise
☐ Other: _____

KNOWN FRAUD ACCOUNTS

Please list all account names and numbers that were opened without your knowledge or consent.

_____
Account Name & Number

_____
Account Name & Number

_____
Account Name & Number

_____
Account Name & Number

KNOWN FRAUD ADDRESSES

_____ _____
(Street Address, PO Box) (City, State, ZIP)

_____ _____
(Street Address, PO Box) (City, State, ZIP)

POSSIBLE SUSPECT(S)

_____

Were any law enforcement agencies notified: ☐ Yes ☐ No
Agency Name: _____ City, State: _____
Report #: _____ *(if applicable)*

Please attach any additional information to this form, including copies of any documents that would assist the investigation. Please do NOT send original documents at this time.

THIS FORM **CANNOT** BE SUBMITTED ELECTRONICALLY. YOU MUST PRINT IT, SIGN IT, AND MAIL IT TO THE METRO-RICHMOND FRAUD & IDENTITY THEFT TASK FORCE, 2720 ENTERPRISE PARKWAY, 2nd FLOOR, RICHMOND, VA 23294

I declare that the information I have provided in this questionnaire is true and correct to the best of my knowledge. Knowingly submitting false information on this form could subject you to criminal prosecution.

Signature _____ Date _____

Form 1-04 (4/04)