



## WEST YORK BOROUGH POLICE DEPARTMENT

1700 W. PHILADELPHIA STREET YORK, PA. 17404

PHONE (717) 854-1975 FAX (717) 854-2924

WWW.WYBPD.ORG

# IDENTITY THEFT COMPLAINT FORM

**Instructions:** Identity Theft reports must be made in person to a West York Police Officer and must include this form. This form must be filled out and signed by the victim or by a parent of a victim under 18 years old or power of attorney of a victim.

You must be a resident of West York Borough and the fraud/theft must've occurred at an unknown place OR you are a resident somewhere other than West York and the fraud/theft is known to have occurred in West York.

Please include copies of all documents pertaining to the fraudulent accounts/services.

*Shaded Areas for Office Use Only*

<b>DATE:</b>		<b>DATE REC'D:</b>		<b>OFFICER:</b>		<b>INCIDENT #</b>	
<b>NAME:</b> Last		First		Middle		Suffix	
<b>ADDRESS:</b>							
<b>PHONE NO.:</b> Home				Cell		<b>E-MAIL ADDRESS:</b>	
<b>AGE:</b>	<b>SEX:</b>	<b>RACE:</b>	<b>HEIGHT:</b>	<b>WEIGHT:</b>	<b>EYE COLOR:</b>	<b>HAIR COLOR:</b>	<b>PLACE OF BIRTH:</b>
<b>SCARS, MARKS, TATTOOS AND OTHER PHYSICAL CHARACTERISTICS:</b>							
<b>SOCIAL SECURITY NUMBER:</b>				<b>STATE ISSUED LICENSE OR ID:</b> Number		State Expiration Date	
<b>IDENTITY THEFT TYPE: (Choose all that apply)</b>						<b>DATE DISCOVERED:</b>	
Unauthorized use or opening of a fraudulent credit card account						Have you reported this incident to the issuer of the fraudulent transaction: Yes No	
Unauthorized use or opening of a fraudulent checking or savings account						If yes, to whom:	
Unauthorized use of ATM card, credit/debit card, check fraud, stolen checks signed/cashed						Have you been reimbursed for any financial losses: Yes No	
Unauthorized use or opening of a loan (real estate, auto, personal or business loans)						If yes, by who and how much:	
Unauthorized use or opening of a utility or account (wireless phone, cable tv, retail charge card)						(include copies of all reimbursement documents)	
Unauthorized use or opening of securities (stocks, trading, investment accounts)							
Unauthorized use or opening of government documents (drivers license or ID, social security card)							
Unauthorized use or opening of government benefits (social security, food stamps, welfare)							
Unauthorized fraudulent tax returns							
Unauthorized opening of online accounts (e-mail, social network, web site) or use of existing accts.							
All other types: _____							
<b>DESCRIBE THE INCIDENT IN DETAIL:</b> (include account names, numbers and dates opened/used, amounts, financial losses, how/where it was used, how you discovered the theft, any and all other information and details pertaining to the fraudulent use of your identity. Attach additional pages If necessary)							

<b>PASSWORD:</b> (Chosen by victim, 1-8 characters)	<b>JUVENILE PARENT / POWER OF ATTORNEY NAME(S):</b>
<b>SIGNATURE:</b> _____ Date _____	<b>JUVENILE PARENT / POWER OF ATTORNEY PHONE NUMBER(S):</b>

**THIS FORM MUST BE PRESENTED TO A POLICE OFFICER - DO NOT E-MAIL OR FAX THIS FORM**