



## Misappropriation of Personal Identifying Information or Personal Identification Documents

# IDENTITY THEFT Complaint Packet

This packet contains the forms necessary to file a complaint of

**MISAPPROPRIATION OF PERSONAL IDENTIFYING INFORMATION OR PERSONAL IDENTIFICATION  
DOCUMENTS UNDER S.S 943.201 with the Milwaukee Police Department.  
ONLY those incidents occurring **AFTER April 27, 1998** will be accepted.**

It is important that all forms are completed, and that they are filled out completely, and that they be accurate, and legible.

**TYPING** is encouraged, though neat printing is acceptable.

NOTE: A **CERTIFIED CERTIFICATE OF BIRTH** is **REQUIRED** to accompany this packet AND any and all original documents, notes, exemplars, letters, video, or audiotapes, or other items of an evidentiary nature **MUST** accompany this packet when filing your complaints. One COMPLETE packet **MUST** be filled out for **EACH** incident you wish to report; make as many photocopies of this packet as you may need. Only one packet will be given to any one person.

We suggest that you **TELEPHONE** the White Collar Crimes Unit to clarify any questions you may have about the forms, or about the process, and set up an **APPOINTMENT TO FILE THE COMPLAINT IN PERSON. COMPLAINTS ARE NOT ACCEPTED BY MAIL OR WITHOUT AN APPOINTMENT.**

**To make an appointment, or ask a question, telephone the Milwaukee Police Department White Collar Crimes Unit at (414) 935-7387. This is a voice mail system; a detective from the White Collar Crimes Unit will return your call.**

Report by: \_\_\_\_\_  
Race \_\_\_\_\_ Sex \_\_\_\_\_  
(last) (first) (middle)  
Date of Birth \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Relationship to Victim \_\_\_\_\_

**REPORTED FOR:**

Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
(Last) (First) (Middle)  
Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
(City, County, & State)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Occupation \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Pager \_\_\_\_\_  
Employed at: \_\_\_\_\_ Address \_\_\_\_\_  
Your work ID number \_\_\_\_\_ Soc Sec # \_\_\_\_\_  
Your Maiden Name \_\_\_\_\_  
Your Mothers Maiden Name \_\_\_\_\_  
Your Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Expires \_\_\_\_\_  
Your Bank Numbers (if involved) \_\_\_\_\_

**PRECISE LOCATION OF OCCURRENCE:**

Address of occurrence \_\_\_\_\_  
City State

-If a store or company-

Name of Business \_\_\_\_\_  
Business address \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Employee receiving the information, application, order, etc:  
\_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (MI)

Home address of employee \_\_\_\_\_  
City State

Home Phone \_\_\_\_\_ Can this person identify the suspect YES NO  
If yes, HOW?

\_\_\_\_\_  
- If not a store or business –  
Exact location of occurrence \_\_\_\_\_  
Type of Location \_\_\_\_\_

Name of person receiving information, order, application, etc.:

Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (MI)  
Home Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
(Home) (Work)

SUSPECT:

Name used in this occurrence \_\_\_\_\_  
(Last) (First) (Middle)  
Claimed DOB \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_  
Claimed Soc. Sec. # \_\_\_\_\_  
Claimed Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Claimed Phone; Home \_\_\_\_\_ Work \_\_\_\_\_  
Claimed place of Employment \_\_\_\_\_  
Claimed work ID number \_\_\_\_\_  
Claimed DL # \_\_\_\_\_ Mothers Maiden name used \_\_\_\_\_  
Bank numbers claimed \_\_\_\_\_

TRUE IDENTITY OF SUSPECT (if known):

Name \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_ DOB \_\_\_\_\_  
(Last) (First) (Middle)  
True Address \_\_\_\_\_  
(City) (State) (Zip)  
True Phone Home \_\_\_\_\_ Work \_\_\_\_\_  
True Place of employment \_\_\_\_\_ work ID # \_\_\_\_\_  
True DL # \_\_\_\_\_ True Maiden Name \_\_\_\_\_  
True mothers maiden name \_\_\_\_\_ Bank #s \_\_\_\_\_  
Description of suspect:  
Race \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Build \_\_\_\_\_  
Complexion \_\_\_\_\_ Hair color \_\_\_\_\_ Eye color \_\_\_\_\_ scars, marks,  
moles, tattoos, jewelry, etc. \_\_\_\_\_  
Description of vehicle \_\_\_\_\_  
(License #?)

Is there security video or photos? Are they included?

\_\_\_\_\_ are they included? \_\_\_\_\_  
Fingerprints taken? \_\_\_\_\_ By whom \_\_\_\_\_

Supply the following information about EVERYONE listed on the previous page, including, but not limited to: you – the person filing the report; ALL witnesses; the person who accepted the information or application; the suspect; accomplice any other persons having information concerning this offense. Provide all the information you can reasonably obtain, and fill in all spaces if at all possible. If this section is not filled out, the complaint will not be accepted.

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
DOB _____	DOB _____
TELEPHONE _____	TELEPHONE _____
EMPLOYER _____	EMPLOYER _____
EMPLOYER PHONE _____	EMPLOYER PHONE _____

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
DOB _____	DOB _____
TELEPHONE _____	TELEPHONE _____
EMPLOYER _____	EMPLOYER _____
EMPLOYER PHONE _____	EMPLOYER PHONE _____

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
DOB _____	DOB _____
TELEPHONE _____	TELEPHONE _____
EMPLOYER _____	EMPLOYER _____
EMPLOYER PHONE _____	EMPLOYER PHONE _____

NAME _____	NAME _____
ADDRESS _____	ADDRESS _____
DOB _____	DOB _____
TELEPHONE _____	TELEPHONE _____
EMPLOYER _____	EMPLOYER _____
EMPLOYER PHONE _____	EMPLOYER PHONE _____

## SUMMARY OF EVENTS AND YOUR ACTIVITIES

(In this section type or legibly print a telling of what occurred **in the chronological order in which it happened. Including who did what, who observed what, who heard what, and what happened.** Also include information documenting what you learned about the incident, and how it is that you know that {example: if you know the suspect is Jane Doe because you showed a security video to the account holder, who said “That’s my friend Jane Doe!” include that information. Do not make us guess how you know it, or have us duplicate what has already occurred in investigating}. Use as many sheets as necessary to provide this information. If this page is not filled out legibly, your complaint will **NOT** be accepted.)

Affidavit of Misappropriation of Identification or Personal Identification Documents (re S.S. 943.201)

State of Wisconsin

County of \_\_\_\_\_: SS

I am \_\_\_\_\_, and reside at \_\_\_\_\_, Phone number \_\_\_\_\_; in the City of \_\_\_\_\_, State of \_\_\_\_\_, being duly sworn under penalty of perjury (SS 946.31) or False Swearing (SS 946.32) declare that I was born with the name \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ A.D. I further swear that I was born in the City of \_\_\_\_\_, State of \_\_\_\_\_, and that my birth was registered with the lawful authority to register births in that jurisdiction, being \_\_\_\_\_ (County, Parish, City, etc.) in the state of \_\_\_\_\_. I further swear that the certified certificate of birth attached to this affidavit is the document certifying my birth, and not that of another. I also swear that the name I currently use (if not as listed on the birth certificate attached) is due to marriage to \_\_\_\_\_, or due to a legal change of name authorized by a court in \_\_\_\_\_, State of \_\_\_\_\_, or other reason or means (describe or specify) \_\_\_\_\_, and have used this name since the \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ A.D. I further swear that my personal identification and/or documents have been misappropriated in this particular incident in the following manner:

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

and that due to this misappropriation, I have suffered the following harm or loss:

\_\_\_\_\_

I further swear that I did not give any person in the world permission or consent to use my identifying information or documents, including, but not limited to, my name, address, phone number, Department of Transportation unique identifying number, social security number, my place of employment and/or employee identification number, my mothers maiden name, and/or my identifying number of any depository accounts. I further swear that I have received no benefits or proceeds directly or indirectly through this unauthorized use of my identifying information and/or documents. I further swear that by affixing my signature to this document, I agree to fully cooperate with all Federal, State, County, or Municipal law enforcement agencies, and to appear and testify, as needed, in criminal court at my own expense beyond the usual minimal witness fees. I also authorize the release of any and all financial, professional, official, government, credit, insurance, educational, employment, utility, or medical records and/or documents as the investigating authority may reasonably deem to be necessary, pertinent, or helpful in the investigation of this offense, and that a true copy of this affidavit may be accepted by said institution(s) as a proper release form

(Signed) \_\_\_\_\_ (Seal)

Subscribed and sworn to before me by the above signed

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ A.D.

\_\_\_\_\_  
Notary Public \_\_\_\_\_ County, WI  
My Commission expires \_\_\_\_\_

Affidavit of Confirmation of Identity

State of Wisconsin

County of \_\_\_\_\_: SS

I am \_\_\_\_\_ and reside at \_\_\_\_\_, phone number \_\_\_\_\_, in the City of \_\_\_\_\_, State of \_\_\_\_\_, being duly sworn and under penalty of Perjury (SS 946.31) or False Swearing (SS 946.32) swear that I am associated with \_\_\_\_\_ (complainant/victim) by means of [\_\_\_\_\_] kinship, [\_\_\_\_\_] friendship, [\_\_\_\_\_] professionally. I have personal knowledge that \_\_\_\_\_ (victim) is the human being referenced in the birth certificate attached because I was present at the birth/delivery of said human being, and have had a relationship as \_\_\_\_\_ for a sufficient amount of time to be certain that the alleged victim in this complaint of misappropriation of personal identifying information or personal identification documents is truly the person referenced in said birth certificate; or, I have had a relationship of [\_\_\_\_\_] kinship, [\_\_\_\_\_] friendship, or [\_\_\_\_\_] professionally with this victim for an extended period of time, dating back to \_\_\_\_\_ (month) of \_\_\_\_\_ (year) and that said victim has used the identifiers in said birth certificate for the length of our relationship, or by the married name or other name of \_\_\_\_\_ for the length of our relationship, and is known in the community to be said person. By affixing my signature to this document, I agree to fully cooperate with all Federal, State, County, or Municipal law enforcement agencies in the investigation of this matter, and to appear in criminal court, when necessary, to testify, as needed, at my own expense beyond the usual minimal witness fees.

(Signed) \_\_\_\_\_ (seal)

Subscribed and sworn to before me by the above signed

\_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_ A.D.

\_\_\_\_\_  
Notary Public \_\_\_\_\_ County, WI  
My commission expires \_\_\_\_\_