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__________________________________________________________
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<th>Name of person receiving information, order, application, etc.:</th>
<th>Race</th>
<th>Sex</th>
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<td>(Last)</td>
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<tr>
<td>Home Address</td>
<td>State</td>
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**SUSPECT:**
Name used in this occurrence
(Last) | (First) | (Middle) |
Claimed DOB | Race | Sex |
Claimed Soc. Sec. # | City | State |
Claimed Address | Claimed Phone; Home | Work |
Claimed place of Employment | Claimed work ID number |
Claimed DL # | Claimed place of Employment | Mothers Maiden name used |
Bank numbers claimed |
TRUE IDENTITY OF SUSPECT (if known):
Name | Race | Sex | DOB |
| (Last) | (First) | (Middle) | (City) | (State) | (Zip) |
True Address | True Phone Home | Work |
True Place of employment | 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?

Fingerprints taken? | By whom | are they included?
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.

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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 ________________________