CONSUMER CONSUMER CONSUMER Facts

Protecting Wisconsin Consumers for 75 Years

Filing an identity theft complaint

The Wisconsin Bureau of Consumer Protection assists and educates Wisconsin consumers who may be the victims of identity theft or fraud.

We enter your complaint into a database used to keep an eye on issues and trends of identity theft, identity fraud, and other privacy related issues. This helps us to not only assist you but others who have similar identity theft problems.

If you discover fraudulent charges on accounts in your name or are the victim of other types of identity theft or fraud, do the following:

File a complaint with the Bureau of Consumer Protection

The Bureau of Consumer Protection can assist you with recovering from identity theft fraud. To start the complaint process, take these steps:

- **1.** File a written complaint with Consumer Protection. You can get an identity theft complaint from any of the following ways:
 - Call: 1-800-422-7128 or (608) 224-5163
 - Download a form at: www.datcp.wi.gov
 - E-mail the Bureau of Consumer Protection at: DATCPWisconsinPrivacy@WI.gov
- 2. Fill out the identity theft complaint form. The more information you provide, the more likely we will be able to assist you. Make sure you fill out and return the Non-Consent (notarized) and the Authorization to Release Information forms with the complaint form.
- **3.** Send us the forms with copies of any documentation that supports your complaint e.g., billing statements, credit reports, police reports, collection notices.
- **4.** Let your local police department know you are the victim of identity theft. They are required to file a report of identity theft even if the theft might have occurred some other place (See: Wis. State. § 943.201(4)). Request a copy of the police report for your records and keep it in a safe place. Provide the Bureau of Consumer Protection with a copy of the police report.

Please be aware that while your complaint is available for public review upon request under Wisconsin's Open Records law, the department will maintain the confidentiality of your personally identifiable information to the fullest extent permitted by law.

Expect feedback from Consumer Protection

Within a few days of receiving your complaint, a consumer protection investigator will review it to determine the appropriate course of action. Businesses related to your complaint may be contacted and corrective action requested. Although we cannot force a business to resolve a complaint or take action,

our contact with companies often results in solutions to consumer problems. We will advise you in writing as to the action taken on your complaint.

The Bureau of Consumer Protection handles most complaints within six to eight weeks but more complex matters can take several months. We will advise you in writing of the disposition of your complaint once we receive a response from the business.

Our office provides victim assistance and recovery. If you wish to pursue this matter outside of our mediation efforts, contact a private attorney to discuss your legal remedies. You can contact an attorney by calling the State Bar of Wisconsin Lawyer Referral and Information Service at: 1-800-362-9082 or (608) 257-4666. If you meet income requirements, you can also get low-cost legal services by looking up Legal Aid in the yellow pages of your phone book.

If your complaint is part of a bigger identity theft or identity fraud investigation, we may share your complaint with the appropriate local, state, and federal authorities.

Place a fraud alert on your credit report

Immediately call one of the three major credit reporting agencies listed below. Ask them to place a fraud alert on your credit report with a note that creditors should call you before opening any new accounts in your name. When you notify one of the credit reporting agencies, they notify the other two. A fraud alert on your report helps prevent identity thieves from getting credit or opening new bank accounts in your name. The alert will be active for 90 days and renewed as often as you like.

Equifax PO Box 105069 Atlanta, GA 30348-5069 (888) 766-0008 www.alerts.equifax.com

Experian PO Box 4500 Allen, TX 75013 (888) 397-3742 www.experian.com/fraud TransUnion LLC PO Box 2000 Chester, PA 19022-2000 (800) 680-7289 www.transunion.com/fraud

• Check your credit report often

Federal law requires each of the three major credit reporting agencies to provide consumers with a FREE copy of their credit report each year. Review your report for any errors (address, employer, accounts, loans, collection notices, etc.). If you find accounts or information on your credit report that you do not recognize, it might mean that an identity thief is at work.

You can obtain your free credit report from Equifax, Experian, and TransUnion by calling (877) 322-8228 or going online at www.annualcreditreport.com. By ordering one report from one of the reporting agencies every four months, you can get your free credit report three times a year. If you discover fraudulent accounts or information on your credit report, file a complaint with Consumer Protection.

• Contact your financial institution

Call your financial institutions and tell them that your personal information has been compromised and that you are concerned about identity theft. Cancel any compromised bank or credit card accounts. Ask them to flag your accounts and notify you of any activity that is unusual. Also, ask what other measures they can take to assist you.

For more information or to file a complaint, visit our website or contact the Bureau of Consumer Protection.

Bureau of Consumer Protection 2811 Agriculture Drive PO Box 8911 Madison WI 53708-8911

E-MAIL: DATCPWisconsinPrivacy@wi.gov

WEBSITE: datcp.wi.gov

(800) 422-7128

FAX: (608) 224-4677

TTY: (608) 224-5058



Department of Agriculture, Trade and Consumer Protection

Identity Theft

Please attach copies (both sides) of all documentation that supports your complaint, such as: invoices, receipts, contracts, cancelled checks, advertisement/catalog page showing item ordered, lease documents, telephone bills.

1. How do we contact you?	Please complet	te form using ink.	(Wis. Stats. §§ 93.06, 100.20)
Name: (Mr. Mrs. Miss Ms.)				
(circle one)	(first)	(middle)	(last)	
Phone: Home ()	Work ()	ext	Cell ()	
Contact me between 8:00 A.M. and 4:00	P.M. at: (circle one) Home	Work Cell Email:		
Address:		Apt.#	PO Box	x:
City:	State:	Zip:	County:	
Social Security Number: (optional)		Date of Birth: (MM/DI	D/YYYY)	Age:
Information about your complaint				
2. ID Theft occurs when someone uses yo of ID theft you were a victim of: (check		entifying information for	their personal gain. Plea	ase check the types
Credit Cards or Debit Cards	Phone or Utilities	Governr	ment Documents or Bene	efits
Checking or Savings Accounts	Securities or Other Inv	vestments Other: _		
Loans	Internet or E-mail			
3. Did suspect use the Internet to open t	he account or purchase th	e goods or services: (circl	e one) No Yes Unknow	wn
4. Were your accounts taken over to frag	udulently obtain goods or	services: (circle one) No	Yes Unknown	
5. Was your personal information used t	o obtain new accounts or	services in your name: (c	ircle one) No Yes Unkr	nown
Details of the Identity Theft				
6. When did you notice that you might b	e a victim of identity theft	? (MM/DD/YY)		
7. When did identity theft first occur? (i.e	e., when was first account opened	d?) <i>(MM/DD/YY)</i>		
8. How many accounts were opened or a	accessed? (credit cards, loans, l	bank accounts, cellular phone (accounts, etc.)	
9. How much money, if any, have you ha	d to pay as a result of the	theft? \$		
10. How much money, if any, did the idea	ntity thief obtain from com	npanies in your name? \$;	
11. How much loss, if any, have you reco	vered prior to filing your c	complaint? \$		
12. What other problems, if any, have yo No other harm suffered	u experienced as a result c	of the identity theft? (che	ck all that apply)	
Civil suit filed or Judgment enter	ed against you			
Criminal investigation, Arrest or	Conviction			
Denied credit or other financial s	ervices			
Denied employment or loss of jo				
Harassed by debt collector or cre				
Time lost to resolve problems: (s)				
Reputation harm	. ,			
Other				

13. How did the thief obtain yo	ur personal informatio	n?				
	_	_ Mail Theft _ Unknown		t/purse		
14. The Identity Thief						
Please provide any information the identity thief may have used		ne identity thief, i	ncluding his or he	er name, and any	addresses or ph	none numbers
Name: (Mr. Mrs. Miss Ms.) (circle one)	(first)		(middle)		(last)	
Phone Number: ()		(circle type, if kn	own) Home V	Vork Cell		
Address:			Ар	t.#	PO Box:	
City:		State:	Zip:	Count	y:	
E-mail Address:		Relationsl	nip to the identity	y thief:		
15. Contacts						
Please indicate which of the foll	owing steps, if any, you	ı have already tal	ken to deal with t	the identity theft.		
For which of the following credi	t bureaus, have you: (c	heck all that apply)				
Calle		Equifax	Experian	Trans Union	Other	None
Calle Put a "fraud alert" or "fi	ed to report the fraud? reeze" on your report?					
	red your credit report?					
Proble	m with Credit Bureau?					
Have you filed this complaint wi	ith another agency? (cir	cle one) No Yes	Agency name:			
What happened?						
Have you contacted the police?	(circle one) No Yes					
If yes, please provide the follow	ing information: Date	: (MM/DD/YYYY)			Time:	
Police department name:		Name	of Investigating C	Officer:		
Address:						
City:		State:	Zip:	Count	y:	
Phone Number: ()		Police Rep	oort Number: (if ki	now)		
16. Problems with businesses						
Do you have any problems with problems? If so, identify each b tell us briefly what the problem please include those credit bure	usiness, credit bureau, is. <u>NOTE</u> : if you check	or organization,	provide its location	on and/or telepho	ne number, if y	ou have it, and
COMPANY 1						
Name of business:						
Address:			Ste.#		PO Box:	
City:			Zip:	Count	y:	
Phone: ()	Name of pe			Title		
Phone: ()	you taiked			me		

Did you contact the business about your complaint? (circle one)	No	Yes	If yes, date? _		
What happened?					
Have you sent written notifications to this business? (circle one)	No	Yes	If yes, date? _		
What happened?					
COMPANY 2					
Name of business:					
Address:			Ste.#	PO Box:	
City: State: _		Zip:		County:	
Phone: () you talked to:			Ti	tle:	
Did you contact the business about your complaint? (circle one)	No	Yes	If yes, date? _		
What happened?					
Have you sent written notifications to this business? (circle one)	No	Yes	If yes, date? _		
What happened?					
COMPANY 3					
Name of business:					
Address:			Ste.#	PO Box:	
City: State: _					
City: State: Name of person		_ Zip:		County:	
City: State: Name of person Phone: () you talked to:		_ Zip:	Ti	_ County:	
City: State: Name of person Phone: () you talked to: Did you contact the business about your complaint? (circle one)	No	_ Zip:	Ti	County:	
City: State: Name of person Phone: () you talked to:	No	Zip: Yes	Ti	_ County:tle:	
City: State: Name of person Phone: () you talked to: Did you contact the business about your complaint? (circle one) What happened?	No No	Zip: Yes	Ti	_ County:	
City: State: Name of person Phone: () you talked to: Did you contact the business about your complaint? (circle one) What happened? Have you sent written notifications to this business? (circle one)	No No	Zip: Yes	Ti	_ County:tle:	
City: State: Name of person Phone: () you talked to: Did you contact the business about your complaint? (circle one) What happened? Have you sent written notifications to this business? (circle one) What happened?	No No	Yes Yes	If yes, date? _	_ County:tle:	
City: State: Name of person Phone: () you talked to: Did you contact the business about your complaint? (circle one) What happened? Have you sent written notifications to this business? (circle one) What happened?	No No	Yes Yes	If yes, date? _	_ County:	
City: State:	No No	Yes Yes	If yes, date? _ If yes, date? _ Ste.#	PO Box:	
City: State: Name of person Phone: () you talked to: Did you contact the business about your complaint? (circle one) What happened? Have you sent written notifications to this business? (circle one) What happened? COMPANY 4 Name of business: Address: City: State: Name of person	No No	Yes Yes Zip:	If yes, date? _ If yes, date? _ Ste.#	PO Box:	
City: State: Name of person you talked to: Did you contact the business about your complaint? (circle one) What happened? Have you sent written notifications to this business? (circle one) What happened? COMPANY 4 Name of business: State: State: Name of person you talked to: you talked to:	No No	Yes Yes Zip:	If yes, date? _ If yes, date? _ Ste.# Ti	PO Box: County:	
City:	No No	Yes Yes Zip:	If yes, date? _ If yes, date? _ Ste.# Ti	PO Box:	
City:	No No	Yes Yes Zip:	If yes, date? _ If yes, date? _ Ste.# Ti	PO Box:	
City:	No No	Yes Yes Zip: Yes	If yes, date? _ If yes, date? _ Ste.# Ti	PO Box: County:	

17. Describe your complaint in detail	
Please give us information about the identity theft, including, but not limited to, how the theft occurred, who may be responsible the theft, and what actions you have taken since the theft. Please include a list of companies where fraudulent accounts were established or your current accounts were affected. Please attach additional pages as needed.	for
18. How do you feel your complaint should be resolved? (please be specific)	
10. How do you reel your complaint should be resolved. (pieuse be specific)	
This complaint and the information you provide will be used in efforts to investigate identity thieves and to resolve any problems y may have resulting from identity theft. The information you provide may be shared with other entities or governmental agencies an needed for these purposes. Under Wisconsin's Open Records Law, this complaint will be available for public review upon request, this department's action is completed. The department will maintain the confidentiality of your personally identifiable information the fullest extent permitted by law.	as after
The above information is true and accurate to the best of my knowledge.	
Your signature: Date:	

Return this form with any documentation that supports your complaint to our office located at:



Bureau of Consumer Protection 2811 Agriculture Drive PO Box 8911 Madison WI 53708-8911

EMAIL: DATCPWisconsinPrivacy@wi.gov

WEBSITE: datcp.wi.gov

(800) 422-7128

(608) 224-5163

FAX: (608) 224-4677

TTY: (608) 224-5058

Non-Consent Form

This form must be notarized.

Print Complainant's Name:					
,	(First)		(Middle)		(Last)
Complainant's Gender:		Male		Female	
Complainant's Date of Birth:					
Complainant's Address:					
Complainant's Telephone: _					
I, the above-listed complainal identifying information or doc me, or any person under my	uments b	elonging	ı, assigne	•	•
A) to obtain credit, money or benefit;	/, goods,	services	, employn	nent, or a	ny other thing of value
B) to avoid civil or crimina	al process	s or pena	alty;		
C) to harm my or any person, or estate.	son unde	r my leg	al guardia	nship's re	eputation, property,
Complainant's Signature:				Da	te:
Notary Information Belo	ow:				
Subscribed and sworn to befo	ore me				
This day of		,			
		٨	ly commis	ssion exp	ires:

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct you to release any and all records in your possession that contain information related to my identity, as requested by the Bureau of Consumer Protection. Copies of records shall be sent to the Wisconsin Bureau of Consumer Protection, PO Box 8911, Madison, Wisconsin 53708-8911.

The Wisconsin Bureau of Consumer Protection and other cooperating law enforcement agencies will use this information to investigate my complaint of Identity Theft.

I understand that, as a victim of Identity Theft, I am entitled to obtain copies of records that contain information related to the fraudulent use of my identity and to direct that copies of these records be sent to any federal, state, or local law enforcement agency I specify, in accordance with the federal Fair Credit Reporting Act (FCRA, 15 U.S.C. 1681 et seq.).

A copy of this authorization shall be as valid as the original. This authorization shall be valid for a period of one year from the date it is signed.

Signed	Dated
Print Name	
Print Address	
	

What is personal information?

Any combination of the following information can be enough for identity theft to occur:

- Name
- · Date of Birth
- Address
- Social Security Number
- Phone Number Mother's Maiden Name
- Email Address
 Financial Account
- ATM Pin
- Numbers

The basics of safeguarding your information

- Guard your social security number Do not carry your Social Security card with you and do not ever use your social security number as a PIN or password. Limit the number of identification cards your carry. Many medical cards contain your Social Security number. Do not carry it with you if vou do not need it.
- Shred, shred, shred Shred bills, bank statements, receipts. medical billings, credit card offers, and any other items that contain personal or financial information.
- Protect your mail If you are going to be out of town have the post office hold your mail. Place outgoing mail in an official mailbox not your own.
- Never give out your personal information Legitimate companies or agencies do not call or email asking for personal information. Never give out personal information unless you initiated the contact.
- Sign up for the Do Not Call Registry Register your home and mobile residential numbers on the Wisconsin Do Not Call Registry at no cost by visiting www.donotcall.gov or by calling 1-888-382-1222; you must call from the phone number you wish to register.

- Keep a list of all financial accounts Keep a list of all credit card and bank account numbers, phone numbers, and expiration dates. This information as well as other sensitive documents should be kept in a safe place, such as a safe.
- Stop pre-approved credit card offers Stop pre-approved credit card offers by calling 1-888-567-8688 or visiting the Opt Out website at www.optoutprescreen.com
- Check your bills and bank statements Look at your statements as soon as you get them to see if there are any unauthorized charges or inaccuracies. If there are, report them right away.
- Pav attention to internet security Make certain you have a firewall and updated virus and spyware protection on your computer. Check your browser security settings to make certain that they are not too low.
- Use two-factor authentication if offered Two-factor authentication is an added layer of security that combines something you have, a physical token such as a card or a code, with something you know, something memorized such as a personal identification number (PIN) or password.
- Check your credit report regularly Obtain your credit report FREE from each of the three major credit reporting agencies each year. You can get your free credit report from Equifax, Experian, and TransUnion by calling 1-877-322-8228 or online at www.annualcreditreport.com

What to do if it happens to you

Contact your bank

Let your bank know that your identity has been stolen even if the thief has not used your bank accounts or ATM/debit card. Consider closing and reopening new accounts with new

numbers and obtaining a new ATM/debit card with a new PIN. In addition, you may want to ask your bank if you can place a password on your accounts.

Contact your creditors

If an identity thief has opened a new account or credit card in your name contact the creditor to close the account and explain what happened as soon as possible.

• Report the theft to the police

Your local police department is required to prepare a report of identity theft even if the theft might have occurred at some other place. Be sure to obtain a copy of the report for yourself. It can be a vital tool to working through recovering from the identity theft.

• Put a Fraud Alert on your credit report A fraud alert is a notation that requires a business to take extra reasonable steps to verify a person's identity before issuing a line of credit or offering services. The fraud alert will be active for 90 days and can be renewed. You only need to contact one of the three agencies below and they will notify the other two on your behalf.

• Put a Security Freeze on your credit report

A freeze is stronger than a fraud alert because it remains in place until you release it and requires that you be alerted if an account in your name is requested. The freeze must be requested by contacting each of the three credit reporting agencies directly. Unless a police report is provided, the fee is \$10 for each agency. You will be given a pin number to temporarily lift the freeze in order for you or a creditor to access your credit report. There may be a \$10 fee each time you lift the freeze.

Experian PO Box 9701 Allen, TX 75013 1-888-397-3742 www.experian.com

Equifax PO Box 105069 Atlanta, GA 30348 1-800-349-9960 www.equifax.com

TransUnion

PO Box 2000 Chester, PA 19022 1-888-909-8872 www.transunion.com

 File an identity theft complaint with the **Bureau of Consumer Protection**

We can help you take the steps you need to resolve problems caused by identity theft. You can file an identity theft complaint by calling and requesting a complaint form at 1-800-422-7128 or obtain one online at www.datcp.wi.gov.

 Contact the Division of Motor Vehicles if vour driver's license or ID card is stolen

> WI Department of Transportation PO Box 7999 Madison, WI 53707 (608) 264-7049 www.dot.wisconsin.gov

You can also ask the DMV to place a notation on your driver record so that DMV and law enforcement will require additional identification documents when you conduct business with them. It will require anyone (including you) attempting to use your identity to provide the following items:

- 1. Certified birth certificate, passport or other acceptable proof of name and date of birth.
- 2. Two forms of identification listing your name with either your photograph or signature.
- Contact the Postal Inspector if your mail was stolen or if an identity thief used a false address

Contact the nearest Postal Inspector by calling the Postal Service at 1-877-876-2455. You can also file a mail theft complaint online at www.postalinspectors.uspis.gov/

 If a debt collector contacts you If a debt collector calls, explain that you are the victim of identity theft and that the bill they are trying to collect is fraudulent. Ask for the steps if you are accused of a crime

committed in your name.

Contact the arresting or citing law enforcement agency to inform them of the situation. You may be required to file a petition with the court to request and prove your innocence. Once law enforcement or a judge conclude that you were not the person who committed the crime, you will be given a Certificate of Clearance that you will need to keep with you at all times.

In some cases, criminal identify theft may best be handled by contacting a private attorney to assist with working through the legal process. The Statewide Lawyer Referral Services Hotline can help you find affordable representation in your area. They can be reached at 1-800-362-9082.

For more information or to file a complaint, visit our website or contact the Bureau of Consumer Protection:

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Identity Theft: Consumer **Tips**



