

**IDENTITY THEFT COMPLAINT FORM**  
**LEHIGH TOWNSHIP POLICE DEPARTMENT**  
 1043 MUNICIPAL ROAD  
 WALNUTPORT, PA 18088  
 PHONE: 610-760-8800  
 EMAIL: [ltpd1@lehightownship.com](mailto:ltpd1@lehightownship.com)

**\*Information in this block must be included.**

|   |   |
|---|---|
| <p><b>*1. Complainant's Name</b></p> <hr/> <p>Complainant's Address:</p> <hr/> <hr/> <p>Email:</p> <hr/> <p>Social Security Number:</p> <hr/> | <p>Complainant's Race/Sex/DOB</p> <hr/> <p>Home Phone</p> <hr/> <p>Work Phone</p> <hr/> <p>Cell Phone</p> <hr/> <p>Driver's License Number:</p> <hr/> |
|---|---|

How were you notified that your identity was used?

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What was the date your identity was first used? \_\_\_\_\_

- \*2. Identity was used to:**
- |                         |                          |          |
|-------------------------|--------------------------|----------|
| Obtain Credit/Card/s    | <input type="checkbox"/> | Go to #3 |
| Open Checking Account/s | <input type="checkbox"/> | Go to #4 |
| Counterfeit Checks      | <input type="checkbox"/> | Go to #5 |
| Tax Return              | <input type="checkbox"/> | Go to #6 |
| Other                   | <input type="checkbox"/> | Go to #6 |

**3. If Used to Open Credit Cards:**

How was credit applied for:

- |             |                          |   |
|-------------|--------------------------|---|
| In Store    | <input type="checkbox"/> | Name/address of store: _____  |
| By Mail     | <input type="checkbox"/> | Credit card sent to: Your Address <input type="checkbox"/> Another Address <input type="checkbox"/><br>What is that address? _____<br>_____ |
| By Phone    | <input type="checkbox"/> |   |
| By Internet | <input type="checkbox"/> |   |

If in a store, who was teller/clerk who handled transaction: Name/phone # \_\_\_\_\_

Can they identify suspect? \_\_\_\_\_ Does store have video? \_\_\_\_\_

**YOU MUST PROVIDE ONE OF THE FOLLOWING ITEMS IN ORDER TO FILE A REPORT:**

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Do you have a copy of the credit card application?           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have copies of your credit report?                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have documentation showing your information was used? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**4. If to Open a Checking Account:**

How was account opened:

In Person

In so, name of financial institution and address of where the account was opened: \_\_\_\_\_  
\_\_\_\_\_

By Phone

By Internet

What address were the checks sent to? \_\_\_\_\_  
\_\_\_\_\_

If account opened in person, who was the teller who handled the transaction? \_\_\_\_\_

Can they identify the suspect?  Yes  No

**5. Counterfeit Checks:**

What information was used?  Name  Address  Driver's License  Other \_\_\_\_\_

Was information printed on the checks?  Yes  No

Where was the check presented? Name and address of the business: \_\_\_\_\_  
\_\_\_\_\_

Who was the teller? Name and contact phone number: \_\_\_\_\_  
\_\_\_\_\_

Can they identify the suspect?  Yes  No / Does the business have video?  Yes  No

Was identification presented?  Yes  No

If yes, was it a: Driver's License/State issued Identification Card:

Number: \_\_\_\_\_ State: \_\_\_\_\_

Alien Registration Card:  Number: \_\_\_\_\_

Social Security Card:  Number: \_\_\_\_\_

Other Type of Identification:  Explain \_\_\_\_\_  
\_\_\_\_\_

**6. Suspect Information:**

Name: \_\_\_\_\_

Race/Sex/Age/Ht/Wt/Eyes/Hair/Clothes: \_\_\_\_\_  
\_\_\_\_\_

Do you know the suspect?  Yes  No

If yes, please give further information (address, phone number) on the suspect and how you are acquainted with the suspect. \_\_\_\_\_  
\_\_\_\_\_

**Has your information been used more than once? Please explain.**

**Is there any additional information you would like the police to have? Please explain.**

I hereby declare and certify to the Lehigh Township Police Department that I am signing this document with the full understanding that any false information or statement will subject me to the criminal penalties of 18 Pa. CS 4904, relating to unsworn falsification to authorities.

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SIGNATURE OF COMPLAINANT

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NAME OF COMPLAINANT (PRINT)

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ADDRESS OF COMPLAINANT

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CITY/STATE/ZIP CODE