



IDENTITY THEFT INTAKE FORM

Please complete this form to the best of your ability if you think you are an identity theft victim. If you are not a victim but would like information about identity theft, please contact us at the number above or visit our website.

Tell Us About Yourself

Name: Mr. Mrs. Ms. _____

Mailing Address _____ City _____

ST _____ Zip Code _____ County _____ Daytime Phone _____

Age Range: 17 or under 18-24 25-34 35-44 45-54 55-64 65-74 75+

Preferred Method of Contact Mail Telephone E-mail _____

Would you like to receive emails on consumer issues from SCDCA? Yes No

Types of Identity Theft - Circle type(s) of identity theft that apply

Financial – Misuse of ATM/debit/credit cards, new credit cards, loans opened, utility accounts, misuse of checks/checking account

Tax – Someone filed a tax return with your SS#, IRS withheld part of refund, ID theft notice from the IRS

Benefits – Denied disability, public assistance, social security, unemployment benefits

Medical Care – Received bill for services you have not received, insurance policy you did not sign up for

Criminal – Warrants or citations in your name for crimes/offenses you did not commit

Other – Incorrect information on credit report, someone used your information to get a job, apartment, etc.

Identity Theft Background Questions

How did you learn you were a victim of identity theft? Credit Report Collection Notice
 IRS Letter Bank Notice Other: _____

Have you received a data security breach notice from an organization? Yes No

If so, please list the name of the organization and the *type* of personal information included in the breach, e.g. name, SSN, bank account number, etc. **(Please do not list your SS#, account numbers or other personal identifying information.)**

Have you filed a police report? Yes No If yes, when? _____

Filed with: _____

Have you reported this to the Federal Trade Commission? Yes No If yes, when? _____

If you lost money as a result of identity theft please list the amount \$ _____

Additional Information

Briefly describe your identity theft issues. Please include the name(s) of company(ies) and dates contacted, if applicable. **Please do not include any sensitive personal or financial information.**

READ THE FOLLOWING BEFORE SUBMITTING YOUR IDENTITY THEFT INTAKE FORM

I understand that the South Carolina Department of Consumer Affairs is not able to provide me with legal representation. I also understand that I may contact a private attorney with questions about my legal rights or responsibilities. THE SOUTH CAROLINA FREEDOM OF INFORMATION ACT MAY REQUIRE THE DEPARTMENT OF CONSUMER AFFAIRS TO RELEASE A COPY OF YOUR IDENTITY THEFT INTAKE FORM AS A MATTER OF PUBLIC RECORD.

Signature: _____ Date: _____

What Happens Now?

After your form is reviewed by our ID Theft Unit we will contact you with the next steps you should take.

Information you provide may be used to identify violations of state and federal law. As a result, the information may also be shared with other agencies or law enforcement.

Any statistical information taken from this form (e.g. age range, city, type of identity theft, etc.) may be entered anonymously into a database to be used to educate the public about identity theft and common scams.

Did You Know...

You can request a **FREE** copy of your credit reports annually from each of the three credit reporting agencies by calling 877-322-8228 or visiting www.annualcreditreport.com.

Review all three credit reports closely for any information you do not recognize or that may be a result of identity theft.

Equifax – 800-525-6285
Experian – 888-397-3742
Transunion – 800-680-7289

Send a copy of this completed form by...

Mail: Identity Theft Unit, SC Department of Consumer Affairs, P.O. Box 5757, Columbia, SC 29250-5757
Email: SCDCA@scconsumer.gov, with the subject line: **“ID Theft Intake Form”**