The Roanoke Valley Financial Crimes Task Force
ONLINE COMPLAINT FORM

PERSONAL INFORMATION

Name: _____
Address: _____
City, State, ZIP: _____
Telephone: (____) _____ ☐ Home ☐ Work ☐ Cell
E-Mail Address: _____

NATURE OF COMPLAINT

- ☐ **False application in your name**
- ☐ **Additional name added to your credit/debit account**
- ☐ **Account takeover, fraudulent change of address with Financial Institution**
- ☐ **Internet use / Fraud**
- ☐ **Mail / Phone order of merchandise**
- ☐ **Other:** _____

KNOWN FRAUD ACCOUNTS

Please list all account names and numbers that were opened without your knowledge or consent

_____
Account Name & Number

_____
Account Name & Number

_____
Account Name & Number

_____
Account Name & Number

KNOWN FRAUD ADDRESSES

_____ _____
(Street Address, PO Box) (City, State, ZIP)

_____ _____
(Street Address, PO Box) (City, State, ZIP)

POSSIBLE SUSPECTS

_____

Were any law enforcement agencies notified? ☐ **Yes** ☐ **No**
Agency Name: _____ **City, State:** _____
Report#: _____ *(if applicable)*

Please attach any additional information to this form, including copies of documents that would assist The investigation. Please DO NOT send original documents at this time.

THIS FORM CANNOT BE SUBMITTED ELECTRONICALLY. YOU MUST PRINT IT, SIGN IT, AND MAIL IT T0 THE ROANOKE VALLEY FINANCIAL CRIMES TASK FORCE, P.O. BOX 11911, ROANOKE, VA 24022

I declare that the information I have provided on this form is true and accurate to the best of my knowledge.
Knowingly submitting false information on this form could subject you to criminal prosecution.

Signature _____ **Date** _____