FILE NUMBER:



Bloomington Police Department

Financial Transaction Card Fraud

Information Packet

NOTE:

- Complete this packet <u>AFTER</u> you have filed a police report with Bloomington Police.
- The initial report can be filed in person or through the online reporting link (if there are no suspects):

https://bloomingtonpdmn.policetocitizen.com/Home

FILE NUMBER:____



REPORTING AND INVESTIGATION INFORMATION

The Bloomington Police Department recognizes that victims of credit/debit card fraud may feel confused and overwhelmed by all that is necessary to restore their name and credit after being victimized. This packet contains information to assist you in the correction of your credit, setting up credit alerts, and to help ensure that you are not responsible for the debts incurred.

In addition, this packet includes information that will assist you with obtaining financial information related to the fraudulent transaction(s) and to provide that information to the Bloomington Police Department, without this information we will be unable to further investigate this case.

We recognize that some victims are only interested in the correction of their credit and do not necessarily wish for prosecution. If you just want the report on record and do not require any further investigation, there is no need to provide the Bloomington Police Department with the information requested in this packet. It is important to understand that if a suspect is identified and arrested and the case proceeds to court, you as the victim may be required to appear and testify in court.

Upon the initial report of <u>Financial Transaction Card Fraud</u>, the Bloomington Police Department will provide a police report 'file number'. This file number may be required by banks and other financial institutions.

If you wish this case to be investigated further the Bloomington Police Department will require the information requested in the following pages. The information should be returned to the Bloomington Police Department within <u>10 days</u> of the initial report. Upon receipt of this packet the police department will review the case and, if applicable, assign the case for criminal investigation. <u>If follow-</u>up documentation is not received within 10 days of the report, the file will be considered closed.

This information packet can also be found on our BPD website at: https://www.bloomingtonmn.gov/pd/BPD

(Crime Prevention and Safety Tips > Credit Card Theft and Fraudulent Transaction Information > 'Financial Transaction Card Fraud Packet.')

CREDIT RESTORATION INFORMATION

We also strongly recommend that you review your credit report and place a fraud alert on your credit report. Contact any one of the three consumer reporting companies listed below to place a fraud alert (Note: You only need to contact one of the companies listed below and they are required to notify the other two companies on your behalf.)

Equifax: 1-800-525-6285; www.equifax.com; P.O. Box 740241, Atlanta, GA 30374-0241

Experian: 1-888-EXPERIAN (397-3742); www.experian.com; P.O. Box 9532, Allen, TX 75013

TransUnion: 1-800-680-7289; www.transunion.com; Fraud Victim Assistance Division, P.O. Box 6790, Fullerton, CA 92834-6790



FILE NUMBER:

BLOOMINGTON POLICE DEPARTMENT FRAUD INFORMATION

Primary (Officer:	ficer: Badge #:		[Date:				
VICTIM'S CONTACT INFORMATION									
Name (Last, First, Middle):						DOB:			
Home Address:					City: Zip:				
Cell Phone: Home Phone:				Work Phone:					
ACCOUNT DATA									
*Type of Card: Visa [] MasterCard [] Discover [] Other:						Other:			
*Bank Name:					*Account number:				
*16 digit	numbei	on card:			*Joint account holder:				
*Type of Card: Visa [] MasterCard [] Discove						[] Other:			
*Bank Name:					*Account number:				
*16 digit number on card:					*Joint a	Joint account holder:			
*Type of Card: Visa [] MasterCard []			MasterCard []	Disc	over [] Other:				
*Bank Name:					*Account number:				
*16 digit number on card: *Joint accou							unt holder:		
FRAUD DATA									
Amount	nt Location of Transaction (Include store name, address, city, or store number)			per)		Date of Transaction	Time	Card Used	
								<u> </u>	



FILE NUMBER:_____

CONTACT DATA

(list names and contact numbers of any fraud department persons you have spoken with)

Bank (or credit card company):							
Contact Name:	Contact number:						
Other information:							
Bank (or credit card company):							
Contact Name:	Contact number:						
Other information:							
Bank (or credit card company):							
Contact Name:	Contact number:						
Other information:							
Deturn this form to the Disor	sington Delice Department						
Return this form to the Bloomington Police Department							
Drop off Monday - Friday, 8	a.m 6 p.m. or MAIL TO:						
Bloomington Police Department							
Attn: FTC Fraud Investigations							
1800 W Old Shakopee Rd							
Bloomington, MN 55431							
DO NOT ELECTRONICALLY SUBMIT FINANCIAL INFORMATION							