

Walmart / Sam's Club Identity Theft Victim's Complaint & Affidavit

D. About the Information or Accounts (Required)

4. Below are details about the different frauds committed using my personal information:

Note: If there were more than two (2) instances of fraud, copy this page prior to filling in any information, and attach as many additional copies as necessary. Enter any applicable information that you have, even if it is incomplete or an estimate. If the thief committed two types of fraud at one company, list the company twice, giving the information about the two frauds separately.

* *Contact Person:* Someone you have dealt with, whom an investigator can call about this fraud

** *Account Number:* The number of the misused bank account – **do NOT list FULL credit /debit card numbers.**

*** *Dates:* Indicate when the thief began to misuse your information and when you discovered the problem.

**** *Amount Obtained:* For instance, the total amount purchased with the card or withdrawn from the account.

Name of Institution	Contact Person*	Phone	Extension
Checking Account Number** XXXX-XXXX-XXXX- _ _ _ _	Routing Number	Affected Check Number(s)	
Last 4 Digits of Credit / Debit Card Number		Expiration Date (MM/YYYY)	
Where did you experience fraudulent activity (check all that apply):			
<input type="checkbox"/> Walmart	<input type="checkbox"/> Sam's Club	<input type="checkbox"/> Walmart Branded MasterCard	<input type="checkbox"/> Personal Check
<input type="checkbox"/> Walmart.com	<input type="checkbox"/> SamsClub.com	<input type="checkbox"/> Walmart Branded Discover	
Select ONE:			
<input type="checkbox"/> This account was opened fraudulently			
<input type="checkbox"/> This was an existing account that someone tampered with			
Transaction # / Order #	Cash Register #(if in store)	Date / Time	
Date Opened or Misused (mm/yyyy) ***	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)****	

Name of Institution	Contact Person*	Phone	Extension
Checking Account Number** XXXX-XXXX-XXXX- _ _ _ _	Routing Number	Affected Check Number(s)	
Last 4 Digits of Credit / Debit Card Number		Expiration Date (MM/YYYY)	
Where did you experience fraudulent activity (check all that apply):			
<input type="checkbox"/> Walmart	<input type="checkbox"/> Sam's Club	<input type="checkbox"/> Walmart Branded MasterCard	<input type="checkbox"/> Personal Check
<input type="checkbox"/> Walmart.com	<input type="checkbox"/> SamsClub.com	<input type="checkbox"/> Walmart Branded Discover	
Select ONE:			
<input type="checkbox"/> This account was opened fraudulently			
<input type="checkbox"/> This was an existing account that someone tampered with			
Transaction # / Order #	Cash Register #(if in store)	Date / Time	
Date Opened or Misused (mm/yyyy) ***	Date Discovered (mm/yyyy)	Total Amount Obtained (\$)****	

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E. Your Law Enforcement Report (Recommended, if not complete, you must complete Section G)

5. You can obtain an Identity Theft Report by taking this form to your local Law Enforcement office, along with your supporting documentation. Attach a copy of any confirmation letter or official law enforcement report you receive to this form:

Select how you would like to receive copies of application and/or business records in our control relating to the fraudulent transaction

- Select ONE:** Sent directly to me, at the address provided in section 1.
 Sent directly to law enforcement, as detailed below.
 Both

Officer's Name

Badge Number

Law Enforcement Department

Street Address

City, ST

Zip Code

Report Number

Filing Date (mm/dd/yyyy)

()

Officer's Signature

Phone Number

Did the victim receive a copy of the report from law enforcement

Yes or No

F. Signature (Required)

6. I certify that, to the best of my knowledge and belief, all of the information on and attached to this complaint is true, correct, and complete and made in good faith. I understand that this complaint, or the information it contains, may be available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as the deem appropriate.

Signature

Date Signed
(mm/dd/yyyy)

G. Affidavit (Required if Section E was not completed)

7. If you do not choose to file a report with law enforcement, you may use this form as an affidavit to prove to Wal-Mart Stores, Inc., where the thief misused your information, that you are not responsible for the theft. If you choose to utilize this option, the document must be notarized below.

Notary Seal

Notary Signature

Date Signed
(mm/dd/yyyy)