Name:	Phone Number:	



## **ID Theft Claim Packet**

Please fill in the requested information as directed. Sections that are left blank or incomplete can lead to additional processing time for your claim. Please submit all pages from this form along with copies of the additional required documents to:

#### Mail:

Comcast Customer Security Assurance Attention Fraud Department 101 Woodcrest Rd, Suite 141 Cherry Hill, NJ 08003 844-335-8719

#### Fax:

Comcast Customer Security Assurance Attention Fraud Department 866-308-1542

After we receive your packet we may need to contact you about your claim if we need additional information or in order to provide you with the status of your claim. Your information <u>will not</u> be used for solicitation or advertising. You may also visit <u>www.xfinity.com/IDTheftclaimform</u> for more information.

## **Consent to Contact**

Comcast has my permission to contact me at the following:

(Please fill in one or more of the choices below)

Primary Phone #	(	Circle one: Cell or Landline	
OK to leave a v	oicemail message with anyo	one answering (includes prerecorded m	essages)
Alternate Phone #		Circle one: Cell or Landline	
OK to leave a voice	email message with anyone	answering (includes prerecorded messa	ages)
OK to send mail to this	address:		
OK to email me at:			
Signaturo	Namo	Dato	

Name:	Phone Number:



# **General Information**

1.	My full legal name is:			
	, 0	(First)		(Last)
2.	My date of birth is:(Da	y/Month/Year)		
3.	My full Social Security numb	oer is:	<del></del>	
4.	My Driver's license or state	identification nu	mber is:	
5.	My current address is:			
6.	City	State	Zip Cod	de
7.	I have lived at this address s	since:		
	I have lived at this address s	(Mo	nth/Year)	
8.	(If different from above) WI	nen the events do	escribed in this form to	ook place, my address was:
	City	State	Zip Cod	le
9.	I lived at the address in iten	n (8) from(Mo	to nth/Year) (M	lonth/Year)
10.	I have previously filed an ID	Theft report wit	h Comcast: Yes	□ No
	If "Yes", please describe the	incident and res	olution:	

Name:	Phone Number:



## **How the ID Theft Occurred**

## Check all that apply for items 11-15

	check all that apply for items 11-15	
11.	I did not authorize anyone to us account, products or services describe	e my name or personal information seek the Comcast ed in this report
12.	My identification documents (credit of etc.) were: stolen or lost on of	ards; birth certificate; driver's license; Social Security ca or about (Month/Year)
13.	information (my name, address, date	nd belief, the following person(s) may have used my of birth, existing account numbers, Social Security numl ification documents to establish Comcast services without
	Name (if known)	Name (if known)
	Address (if known)	Address (if known)
	Phone number (s) (if known)	Phone number(s) (if known)
	Additional information (if known)	Additional information (if known)
	Relationship to Self	Relationship to Self
14.	I do NOT know who used my i credit, loans, goods or services withou	nformation or identification documents to get money, ut my knowledge or authorization.
15.	Additional Comments: (descri	ption of ID Theft, specific documents used or information access to your information.)
	(Attach additional pages as necessary	)

Name:	Phone Number:



## **Law Enforcement Actions**

Having a police report may be helpforeport, please include the information	ul to process your claim. If you have already filed a police on you have.
or other law enforcement agency. To complete the following as applicable	
(Agency #1)	
(Officer/Agency personnel taking re	port)
(Date of report)	(Report number)
(Phone number)	(Email address, if any)
(Agency #2)	
(Officer/Agency personnel taking re	port)
(Date of report)	(Report number)
(Phone number)	(Email address, if any)
	<u>Signature</u>
with this ID Theft claim form is true, understand that this form or the info and/or local law enforcement agence appropriate. I understand that know representation to the government of	viedge and belief, all of the information on and attached correct, and complete and made in good faith. I also ormation it contains may be made available to federal, staticies for such action within their jurisdiction as they deem wingly making any false or fraudulent statement or nay constitute a violation of 18 U.S.C. § 1001 or other satutes, and may result in the imposition of a fine,
(Signature)	(Date signed)

e:	Pho	Number:	MC.
W	Vitness:		
(s	signature)	(printed name)	
(d	date)	(telephone number)	
	<u>Frauduler</u>	Account Statement	
10	declare (check all that apply):		
		l in this form, the following account(s) were or edge, permission or authorization using my p	-
A	ccount number (if known)	Date issued or opened (if known)	
A	ccount balance (if known)		
_ A	ccount number (if known)	Date issued or opened (if known)	_
A	ccount balance (if known)		
	Are you currently a Comcast sub Failure to report active accounts or	iber? Please list all active accounts currently d lead to interruption of service.	/ with
Bi	illing Name:	<del></del>	
	illing Name:illing Address:		

Name:	Phone Number:
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### **Document Checklist**

Comcast <u>requires the following supporting documents</u>, at a minimum, be submitted along with this form. Submissions that are missing one or more of the following documents may be subject to increased processing time resulting from additional time to contact you, receive the document(s) and complete the investigation.

- 1. A copy of a valid government issued photo identification card (driver's license, passport, Military ID, state issued ID). If you are under the age of 18 and don't have a photo ID, you may submit a copy of your birth certificate.
- 2. Proof of residence during the time the disputed account was active (rental lease agreement, utility bill, insurance bill, bank statement). It is important that this document have your name, the date it was sent/issued and your address clearly listed. You may redact any other personal information as you deem appropriate.
  - a. If you are or were a Comcast subscriber during this time frame, a copy of your Comcast statement is not a valid or acceptable document for proof of residence.

Name:	Phone Number:	



### **Additional Resources**

If you have not done so already, report the fraud to the following organizations:

 Any one of the nationwide consumer reporting companies to place a fraud alert on your credit report. Fraud alerts can prevent an identity thief from opening any more accounts in your name. The company you call is required to contact the other two, which will place an alert on their versions of your report too.

Equifax: 1-800-525-6285 www.equifax.com

Experian: 1-888-EXPERIAN (397-3742)

www.experian.com

o TransUnion: 1-800-680-7289

www.transunion.com

- In addition to placing the fraud alert, the three consumer reporting companies will send you free copies of your credit reports, and, if you ask, they will display only the last four digits of your Social Security number on your credit reports.
- The Federal Trade Commission. By sharing your identity theft complaint with the FTC, you will provide important information that can help law enforcement officials across the nation track down identity thieves and stop them. The FTC also can refer victims' complaints to other government agencies and companies for further action, as well as investigate companies for violations of laws that the FTC enforces.
  - You can file a complaint online at <a href="www.consumer.gov/idtheft">www.consumer.gov/idtheft</a>. If you don't have Internet access call the FTC's Identity Theft Hotline, toll-free: 1-877-ID THEFT (438-4338); TTY: 1-866-653-4261; or write: Identity Theft Clearinghouse, Federal Trade Commission, 600 Pennsylvania Avenue, NW. Washington, DC 20580.