



FRAUD CASE #
OFFICIAL USE ONLY

ALABAMA DEPARTMENT OF PUBLIC SAFETY  
DRIVER LICENSE DIVISION

**FRAUD INVESTIGATION REQUEST**

**THIS FORM IS TO BE COMPLETED ONLY WHEN A VICTIM IS AFFECTED BY DRIVER LICENSE OR IDENTIFICATION CARD FRAUD,**

DATE AND TIME OF COMPLAINT: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AM  PM

(OFFICE LOCATION / ADDRESS / TELEPHONE #) \_\_\_\_\_ (DPS EMPLOYEE'S NAME) \_\_\_\_\_

Complaint Originated From: Victim  Law Enforcement  Other

\* If complaint originated from Law Enforcement or Other, please list contact information to include agency, officer's name, address, telephone number and any possible relationship to the victim or imposter:

\_\_\_\_\_

\* Has any formal complaint been made with any Law Enforcement or other government entity in connection with this complaint?  
Yes  No  If yes, please list the agency name, officer's name, case number and contact information:

\_\_\_\_\_

\* Has the victim had any identification documents lost or stolen? Yes  No   
If yes, list the items and approximate date of loss: \_\_\_\_\_

<b>VICTIM'S INFORMATION:</b>	Best time to call: _____ AM / PM
FULL NAME OF VICTIM: _____ (FIRST) (MIDDLE) (LAST) (MAIDEN / MOTHER'S MAIDEN NAME)	
TELEPHONE NUMBERS: ( ) ( ) ( ) (HOME) (WORK) (CELL OR OTHER CONTACT NUMBER)	
DATE OF BIRTH: ____ / ____ / ____ SOCIAL SECURITY NUMBER: _____	
ALABAMA DL AND/OR ID # _____ OUT OF STATE DL AND/OR ID # _____	
CURRENT OR LAST KNOWN MAILING AND STREET ADDRESS: _____	

**TYPE(S) OF FRAUD COMMITTED:**

- |   |   |
|---|---|
| <input type="checkbox"/> Out of State DL/ID Fraud | <input type="checkbox"/> Immigration, Passport, Social Security Fraud |
| <input type="checkbox"/> Ticket Fraud             | <input type="checkbox"/> Certificate Fraud (Marriage / Birth / Etc.)  |
| <input type="checkbox"/> Bank / Credit Card Fraud | <input type="checkbox"/> Other: _____                                 |

Have tickets been issued:  Yes  No If yes, where? \_\_\_\_\_

Does the victim know the imposter?  Yes  No If yes, complete the information on the back of the form.

Has a victim viewed a photograph of the imposter?  Yes  No

Is the imposter related to the victim?  Yes  No If yes, list relationship: \_\_\_\_\_

Address / City / County / State where imposter may be located: \_\_\_\_\_

**PLEASE COMPLETE THE BACK OF THE FORM.**

