

# Fraud Report Form



The Office of  
MINNESOTA ATTORNEY GENERAL  
LORI SWANSON

## INFORMATION ABOUT YOU

Your Name:

\_\_\_\_\_

Your Street Address:

\_\_\_\_\_

Your City, State, Zip:

\_\_\_\_\_

Your Day Phone:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Your Cell Phone:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

## INFORMATION ABOUT THE SCAMMER (IF KNOWN)

Name of Person or Entity:

\_\_\_\_\_

Its Street Address:

\_\_\_\_\_

Its City, State, Zip :

\_\_\_\_\_

Its Phone Number:

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Its Website and/or Email Address:

\_\_\_\_\_

## HOW WERE YOU CONTACTED

How were you contacted (mail, phone, email, etc.):

\_\_\_\_\_

Date you were contacted:

\_\_\_\_\_

If you were called by phone, at which phone number did you receive the call(s)?

( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Is this telephone number registered on the National Do Not Call Registry?

Yes  No

## PRODUCT OR PAYMENT INVOLVED (IF ANY)

Product/Service Involved (if any):

\_\_\_\_\_

Date of Your Payment (if any):

Amount of Your Payment (if any):

Has this amount (if any) been refunded?

\_\_\_\_\_

Method of Your Payment (if any): (cash, credit card, debit card, wire transfer, reload pack, etc.)

\_\_\_\_\_

## EXPLANATION OF WHAT HAPPENED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

More room is available on the next page →

Questions Continue on the Next Page →

