

Identity Theft Response Kit

Your Complete Recovery Toolkit

Table of Contents

1. [Emergency Action Checklist](#)
 2. [Dispute Letter Templates](#)
 3. [Documentation Tracking Sheets](#)
 4. [Emergency Contact Cards](#)
 5. [Account Inventory Worksheet](#)
 6. [Recovery Timeline Tracker](#)
-

Emergency Action Checklist

FIRST 24 HOURS - CRITICAL ACTIONS

Print this page and check off each item as you complete it.

Immediate Documentation

- Take screenshots of all suspicious activity
- Print or save suspicious emails/texts
- Note dates, times, and details of discovery
- Photograph fraudulent charges or accounts
- Start a detailed timeline (use tracker on page 6)

Credit Protection

- Place fraud alert with ONE credit bureau (they notify others)
 - Called: _____ Date: _____ Time: _____
 - Confirmation #: _____
- Freeze credit with ALL THREE bureaus:
 - Equifax - Date: _____ PIN: _____
 - Experian - Date: _____ PIN: _____
 - TransUnion - Date: _____ PIN: _____
 - Innovis (optional) - Date: _____ PIN: _____

Official Reports

- File report at IdentityTheft.gov
 - Report ID: _____
 - Recovery plan printed: Yes / No
- File police report (if applicable)
 - Police department: _____

- Report #: _____
- Officer name: _____
- Date filed: _____

Account Security

- Change password for primary email account
- Change passwords for financial accounts (list below)
 - Bank 1: _____
 - Bank 2: _____
 - Credit Card 1: _____
 - Credit Card 2: _____
 - Investment accounts: _____
- Enable 2FA on all critical accounts

Contact Financial Institutions

- Bank #1: _____ Called: _____ Rep: _____
- Bank #2: _____ Called: _____ Rep: _____
- Credit Card #1: _____ Called: _____ Rep: _____
- Credit Card #2: _____ Called: _____ Rep: _____
- Credit Card #3: _____ Called: _____ Rep: _____

FIRST WEEK - REPORTING & PROTECTION

Contact Affected Companies

- Company 1: _____ Date: _____ Status: _____
- Company 2: _____ Date: _____ Status: _____
- Company 3: _____ Date: _____ Status: _____
- Company 4: _____ Date: _____ Status: _____

Send Dispute Letters

- Letter to creditor 1 (sent date: _____)
- Letter to creditor 2 (sent date: _____)
- Letter to creditor 3 (sent date: _____)
- Letter to credit bureau (sent date: _____)

Specialized Reporting (check if applicable)

- IRS (Form 14039) - Tax identity theft
- Social Security Administration - SSN fraud
- State unemployment office - Unemployment fraud
- Health insurance company - Medical identity theft
- DMV - Driver's license fraud
- Passport office - Passport fraud

FIRST MONTH - MONITORING & FOLLOW-UP

Credit Monitoring

- Ordered credit report from Equifax
- Ordered credit report from Experian
- Ordered credit report from TransUnion
- Reviewed all reports for fraudulent accounts
- Set up credit monitoring alerts

Account Monitoring

- Enabled transaction alerts on all accounts
- Reviewed all account statements
- Checked for unauthorized changes to contact info
- Verified no new authorized users added

Follow-Up Communications

- Followed up on dispute letter 1
- Followed up on dispute letter 2
- Followed up on dispute letter 3
- Requested written confirmations

ONGOING - LONG-TERM RECOVERY

Monthly Tasks

- Month 1: Check credit reports
- Month 2: Check credit reports
- Month 3: Check credit reports
- Month 4: Check credit reports
- Month 5: Check credit reports
- Month 6: Check credit reports

Quarterly Tasks

- Q1: Review all financial statements
- Q2: Review all financial statements
- Q3: Review all financial statements
- Q4: Review all financial statements

Annual Tasks

- Check Social Security earnings statement
 - Review medical records
 - Update passwords on all accounts
 - Review and update security practices
-

Dispute Letter Templates

TEMPLATE 1: Credit Bureau Dispute Letter

Use this letter to dispute fraudulent accounts appearing on your credit report.



[Your Name]
[Your Address]
[City, State ZIP]
[Phone Number]
[Email Address]

[Date]

[Credit Bureau Name]
[Address]
[City, State ZIP]

Re: Dispute of Fraudulent Information on Credit Report
Report Confirmation Number: [Your confirmation number, if available]

Dear Sir or Madam:

I am writing to dispute fraudulent information appearing on my credit report as a result of identity theft. I am a victim of identity theft and did not authorize or create the following account(s):

FRAUDULENT ACCOUNT(S):

1. [Creditor Name]
Account Number: [Last 4 digits only]
Amount: \$[Amount]
Date Opened: [Date]

2. [Creditor Name]
Account Number: [Last 4 digits only]
Amount: \$[Amount]
Date Opened: [Date]

I have enclosed the following documents to support my claim:

- Copy of my FTC Identity Theft Report
- Copy of police report [if applicable]
- Copy of government-issued photo ID
- Proof of address

Under the Fair Credit Reporting Act (FCRA), I request that you:

1. Block this fraudulent information from appearing on my credit report
2. Provide written confirmation that these accounts have been removed
3. Notify me in writing of the results of your investigation within 30 days

I did not create these accounts, and I am not responsible for them. This information is inaccurate and should be removed immediately under 15 U.S.C. § 1681c-2.

Please send written confirmation of the removal of this fraudulent information to the address listed above.

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- FTC Identity Theft Report
- Police Report [if applicable]
- Copy of ID
- Proof of address

TEMPLATE 2: Fraudulent Account Dispute Letter to Creditor

Use this letter to dispute fraudulent accounts with the company that opened the account.



[Your Name]

[Your Address]

[City, State ZIP]

[Phone Number]

[Email Address]

[Date]

[Company Name]

Fraud Department

[Address]

[City, State ZIP]

Re: Fraudulent Account - Identity Theft Victim

Account Number: [Last 4 digits only, if known]

Dear Fraud Department:

I am writing to inform you that I am a victim of identity theft and that a fraudulent account was opened in my name without my knowledge or authorization.

FRAUDULENT ACCOUNT DETAILS:

Account Number: [Last 4 digits only]

Date Opened: [Date, if known]

Amount/Credit Limit: \$[Amount]

I did not:

- Open or authorize this account
- Receive any products, services, or benefits from this account
- Make any charges or transactions on this account
- Give anyone permission to use my personal information

I am requesting that you:

1. Close this fraudulent account immediately
2. Remove all fraudulent charges associated with this account
3. Provide written confirmation that I am not responsible for this debt
4. Stop all collection activities related to this account
5. Report to all credit bureaus that this account was fraudulent and not opened by me
6. Provide documentation showing the account has been closed and debt discharged

Enclosed please find:

- Copy of my FTC Identity Theft Report
- Copy of police report [if applicable]
- Copy of government-issued photo ID
- Proof of address

Under the Fair Credit Billing Act and Fair Credit Reporting Act, I am not liable for these fraudulent charges. I request that you conduct a full investigation and provide me with copies of any application or documentation used to open this account.

Please send written confirmation of the account closure and debt discharge to the address above within 30 days.

Thank you for your prompt attention to this serious matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- FTC Identity Theft Report
- Police Report [if applicable]
- Copy of ID
- Proof of address

TEMPLATE 3: Debt Collector Dispute Letter

Use this letter when contacted by a debt collector about fraudulent debt.



[Your Name]
[Your Address]
[City, State ZIP]
[Phone Number]
[Email Address]

[Date]

[Collection Agency Name]
[Address]
[City, State ZIP]

Re: Identity Theft - Fraudulent Debt

Your Reference Number: [Reference number from collection notice]

Dear Sir or Madam:

I received your notice dated [date] regarding a debt collection attempt for account number [last 4 digits]. I am writing to inform you that I am a victim of identity theft and this debt is fraudulent.

I did NOT:

- Incur this debt
- Authorize anyone to use my personal information
- Receive any goods or services related to this debt
- Enter into any agreement with the original creditor

Under the Fair Debt Collection Practices Act (FDCPA), I am exercising my right to dispute this debt and request validation. I request that you:

1. Cease all collection activities immediately
2. Do not report this debt to credit bureaus
3. Provide validation of this debt including:
 - Original signed contract or agreement
 - Proof that you are authorized to collect this debt
 - Complete payment history
4. Remove this debt from my records
5. Provide written confirmation that this matter is closed

This debt resulted from identity theft. I have enclosed:

- Copy of my FTC Identity Theft Report
- Copy of police report [if applicable]

Under 15 U.S.C. § 1692g, you must cease collection activities until you have validated the debt. Under 15 U.S.C. § 1681c-2, you may not report fraudulent debts resulting from identity theft.

Any continued collection attempts without proper validation will be considered harassment under the FDCPA.

Please confirm in writing that:

1. Collection activities have ceased
2. This debt will not appear on my credit reports
3. This matter is closed

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- FTC Identity Theft Report
- Police Report [if applicable]

TEMPLATE 4: Employer Notification Letter

Use this if someone used your identity for employment.



[Your Name]
[Your Address]
[City, State ZIP]
[Phone Number]
[Email Address]

[Date]

[Company Name]
Human Resources Department
[Address]
[City, State ZIP]

Re: Employment Identity Theft Notification
Employee Name on File: [Your name]
SSN: [Last 4 digits]-XX-XXXX

Dear Human Resources:

I am writing to inform you that someone has fraudulently used my Social Security number and personal information to gain employment at your company. I am a victim of identity theft and did NOT:

- Apply for employment at your company
- Work for your company in any capacity
- Authorize anyone to use my information for employment
- Receive any wages or benefits from your company

The IRS has informed me of unreported income from your company for tax year(s): [year(s)]

I request that you:

1. Investigate this fraudulent employment immediately
2. Terminate the fraudulent employee if still employed
3. Provide me with copies of employment documents (application, W-4, I-9)
4. Correct your records to show I was not the employee
5. Issue a corrected W-2 or notify the IRS of the fraudulent wages
6. Provide written confirmation of these actions

Enclosed please find:

- Copy of my FTC Identity Theft Report
- Copy of police report
- Copy of government-issued photo ID

- IRS notification of income discrepancy [if applicable]

Please contact me at [phone number] or [email] to discuss this matter. I request a response within 10 business days.

Thank you for your immediate attention to this serious matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- FTC Identity Theft Report
- Police Report
- Copy of ID
- IRS Documentation

TEMPLATE 5: Medical Identity Theft Letter

Use this letter for healthcare providers when someone used your information for medical services.



[Your Name]
[Your Address]
[City, State ZIP]
[Phone Number]
[Email Address]
[Date of Birth]

[Date]

[Healthcare Provider Name]
Medical Records Department
[Address]
[City, State ZIP]

Re: Medical Identity Theft - Request for Records Review

Patient Name: [Your name]

Date of Birth: [Your DOB]

Medical Record Number: [If known]

Dear Medical Records Department:

I am writing to inform you that I am a victim of medical identity theft. Someone has fraudulently used my personal information to obtain medical services at your facility.

FRAUDULENT SERVICES:

Date(s) of Service: [Date(s)]

Type of Service: [Description]

Provider: [Doctor/Department name]

I did NOT:

- Receive these medical services
- Visit your facility on the date(s) listed
- Authorize anyone to use my information
- Give permission for these treatments/procedures

I am concerned that:

1. My medical records now contain incorrect information
2. This could affect my future medical care
3. I am being billed for services I did not receive
4. My insurance benefits may be affected

I request that you:

1. Flag my records to indicate medical identity theft
2. Provide me with copies of all records from the fraudulent visits
3. Create a separate file for the fraudulent information
4. Remove fraudulent information from my active medical file
5. Require photo ID for all future appointments in my name
6. Provide written confirmation of these actions

Under HIPAA, I have the right to request amendments to my medical records. I am enclosing:

- Copy of my FTC Identity Theft Report
- Copy of police report
- Copy of government-issued photo ID
- Proof of address

Please contact me within 10 business days to discuss the steps you will take to correct my medical records.

I also request information about:

- What information was compromised
- How the identity thief gained access
- Steps you are taking to prevent future incidents

Thank you for your immediate attention to this matter.

Sincerely,

[Your Signature]

[Your Printed Name]

Enclosures:

- FTC Identity Theft Report
 - Police Report
 - Copy of ID
 - Proof of address
-

Documentation Tracking Sheets

CREDIT BUREAU DISPUTE TRACKER

Credit Bureau	Date Contacted	Method	Confirmation #	Date	Response	Due	Follow-up	Date	Status	Resolution	Date
Equifax											
Experian											
TransUnion											
Innovis											

Notes:

FRAUDULENT ACCOUNT TRACKER

Company Name	Account # (last 4)	Date Opened	Amount	Date Disputed	Method	Status	Closed	Date
			\$					
			\$					
			\$					
			\$					
			\$					
			\$					

Total Fraudulent Charges: \$ _____

Notes:

COMMUNICATION LOG

Date	Time	Company/Agency	Contact Person	Phone/Email	Method	Purpose	Outcome	Follow-up	Needed
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CORRESPONDENCE TRACKER

Track all letters sent and received

Date Sent	Recipient	Type of Letter	Sent Via	Tracking #	Response Received	Response Date	Follow-up Date	Status
					Y / N			
					Y / N			
					Y / N			
					Y / N			
					Y / N			

Notes:

DOCUMENT CHECKLIST

Keep organized copies of all documents related to your identity theft case.

Essential Documents

- FTC Identity Theft Report (print multiple copies)
- Police report (get at least 3 certified copies)
- Government-issued photo ID (copy)
- Proof of address (utility bill, lease, etc.)

Credit Reports

- Equifax credit report (date obtained: _____)
- Experian credit report (date obtained: _____)
- TransUnion credit report (date obtained: _____)
- Annotated copies highlighting fraudulent accounts

Correspondence

- All dispute letters sent (keep copies)
- All responses received from companies
- Certified mail receipts
- Email correspondence printed and dated

Account Documentation

- Bank statements showing unauthorized transactions
- Credit card statements with fraudulent charges
- Account opening documents (if available)
- Account closure confirmations

Specialized Documents (if applicable)

- IRS Form 14039 (Identity Theft Affidavit)
- Medical records showing fraudulent treatment
- Employment records showing false employment
- Court documents (if criminal charges filed)

Storage Recommendation: Keep physical copies in a secure, fireproof location. Create digital backups stored securely in the cloud.

Emergency Contact Cards

Print these cards, cut them out, and keep them in your wallet.



IDENTITY THEFT EMERGENCY CONTACTS

CREDIT BUREAUS - FRAUD ALERTS

- Equifax: 1-800-525-6285
- Experian: 1-888-397-3742
- TransUnion: 1-800-680-7289

CREDIT FREEZES

- Equifax: 1-800-685-1111
- Experian: 1-888-397-3742
- TransUnion: 1-888-909-8872

REPORT IDENTITY THEFT

- FTC: IdentityTheft.gov
- Phone: 1-877-438-4338

FEDERAL AGENCIES

- IRS (Tax Fraud): 1-800-908-4490
- SSA (SSN Fraud): 1-800-772-1213

MY BANKS & CREDIT CARDS

Bank: _____ Ph: _____

Card: _____ Ph: _____

Card: _____ Ph: _____

ScamWatchHQ.com - Identity Protection Guide



 WALLET LOST/STOLEN CARD 

IF MY WALLET IS LOST OR STOLEN:

1. Call all banks and credit card companies
2. Place fraud alert: 1-800-525-6285
3. File police report
4. Report at IdentityTheft.gov

MY FINANCIAL ACCOUNTS

Bank 1: _____

Phone: _____

Account #: _____ (last 4)

Bank 2: _____

Phone: _____

Account #: _____ (last 4)

Credit Card 1: _____

Phone: _____

Card #: _____ (last 4)

Credit Card 2: _____

Phone: _____

Card #: _____ (last 4)

Credit Card 3: _____

Phone: _____

Card #: _____ (last 4)



MY IMPORTANT ACCOUNT INFO	
FREEZE PINs (Store Securely!)	
Equifax PIN: _____	
Experian PIN: _____	
TransUnion PIN: _____	
PASSWORD MANAGER	
Service: _____	
Master password hint: _____	
Recovery contact: _____	
PRIMARY EMAIL RECOVERY	
Email: _____	
Recovery email: _____	
Recovery phone: _____	
TRUSTED CONTACTS	
Name: _____	
Phone: _____	
Relationship: _____	
Name: _____	
Phone: _____	
Relationship: _____	
ATTORNEY (if applicable)	
Name: _____	
Phone: _____	

Account Inventory Worksheet

Complete this inventory to track all your accounts and make monitoring easier.

FINANCIAL ACCOUNTS

Banking

Bank Name	Account Type	Account # (last 4)	Phone Number	Online Login	2FA Enabled?
	Checking				Y / N
	Savings				Y / N
	Checking				Y / N
	Savings				Y / N

Credit Cards

Issuer	Card Type	Card # (last 4)	Credit Limit	Phone Number	Alerts Set?
			\$		Y / N
			\$		Y / N
			\$		Y / N
			\$		Y / N
			\$		Y / N

Loans

Lender	Loan Type	Account # (last 4)	Balance	Phone Number	Auto-pay?
	Mortgage		\$		Y / N
	Auto		\$		Y / N
	Student		\$		Y / N
	Personal		\$		Y / N

Investment & Retirement

Institution	Account Type	Account # (last 4)	Phone Number	2FA Enabled?
	401(k)			Y / N
	IRA			Y / N
	Brokerage			Y / N
	HSA			Y / N

PAYMENT SERVICES

Service	Email/Phone Used	2FA Enabled?	Linked Bank (last 4)
PayPal		Y / N	
Venmo		Y / N	
Cash App		Y / N	
Zelle		Y / N	
Apple Pay		Y / N	
Google Pay		Y / N	

CRYPTOCURRENCY

Exchange/Wallet	Email Used	2FA Type	Recovery Phrase Stored?
			Y / N
			Y / N
			Y / N

INSURANCE

Type	Company Policy #	Phone Number	Agent Name
Health			
Dental			
Vision			
Life			
Auto			
Home/Renters			

UTILITIES & SERVICES

Service	Provider Account #	Phone Number	Auto-pay?
Electric			Y / N
Gas			Y / N
Water			Y / N
Internet			Y / N
Phone			Y / N
Streaming 1			Y / N
Streaming 2			Y / N

LOYALTY PROGRAMS

Program	Member #	Linked Payment Method	Points	Value
Airline				
Hotel				
Retail 1				
Retail 2				

ONLINE ACCOUNTS

Email Accounts

Email Address	Provider	Recovery Email	Recovery Phone	2FA	Type

Social Media

Platform	Username	Email	Used 2FA	Enabled?	Private?
Facebook			Y / N		Y / N
Instagram			Y / N		Y / N
Twitter/X			Y / N		Y / N
LinkedIn			Y / N		Y / N
TikTok			Y / N		Y / N

Shopping Accounts

Retailer	Email	Used Saved Payment?	Last Purchase
Amazon		Y / N	
		Y / N	
		Y / N	
		Y / N	

Recovery Timeline Tracker

Use this to track your recovery progress over time.

DISCOVERY & IMMEDIATE ACTION

Date Identity Theft Discovered: _____

How Discovered:

Estimated Date Theft Occurred: _____

Type of Identity Theft: (check all that apply)

- Financial/Credit Card
 - Bank Account
 - Tax-Related
 - Medical
 - Employment
 - Criminal
 - Social Media
 - Other: _____
-

WEEK 1 TIMELINE

Date Action Taken Time Spent Result/Notes

Total Time Spent This Week: _____ hours

WEEK 2-4 TIMELINE

Date Action Taken Time Spent Result/Notes

Total Time Spent: _____ hours

MONTH 2-3 TIMELINE

Date Action Taken Time Spent Result/Notes

Total Time Spent: _____ hours

MONTH 4-6 TIMELINE

Date Action Taken Time Spent Result/Notes

Total Time Spent: _____ hours

ONGOING MONITORING

Month	Credit Reports Checked	New Issues Found?	Action Taken	Status
Month 7	Y / N	Y / N		
Month 8	Y / N	Y / N		
Month 9	Y / N	Y / N		
Month 10	Y / N	Y / N		
Month 11	Y / N	Y / N		
Month 12	Y / N	Y / N		

FINANCIAL IMPACT TRACKER

Direct Financial Losses:

Description	Amount	Recovered?	Recovery Date
Fraudulent charges	\$	Y / N	
Fees (overdraft, late, etc.)	\$	Y / N	
Interest charges	\$	Y / N	
Legal fees	\$	Y / N	
Credit monitoring costs	\$	Y / N	
Other: _____	\$	Y / N	

Total Financial Loss: \$ _____ Total Recovered: \$ _____ Net Loss: \$ _____

Time Investment:

- Total hours spent on recovery: _____
- Estimated hourly value: \$ _____
- Total time cost: \$ _____

Emotional Impact: (1-10 scale)

- Initial stress level: _____
 - Current stress level: _____
 - Support received: (describe) _____
-

RESOLUTION TRACKER

Goals:

1. _____ (Target: _____)
2. _____ (Target: _____)
3. _____ (Target: _____)

Milestones Achieved:

- All fraudulent accounts identified
- Credit bureaus notified
- Fraud alerts placed
- Credit frozen
- Police report filed
- FTC report filed
- All dispute letters sent
- Received first response from creditor
- First fraudulent account closed
- All fraudulent accounts closed
- Credit report cleaned
- Credit score recovered
- Identity theft passport obtained (if applicable)
- Extended fraud alert placed
- Legal matters resolved
- Full recovery achieved

Date Case Fully Resolved: _____

Total Recovery Time: _____ months

Digital Resources & QR Codes

Scan these QR codes for quick access to essential resources:

Report Identity Theft

IdentityTheft.gov [Text version: <https://www.identitytheft.gov>]

Check Your Credit

AnnualCreditReport.com [Text version: <https://www.annualcreditreport.com>]

ScamWatchHQ Tools

Free Identity Protection Tools [Text version: <https://www.scamwatchhq.com>]

Identity Theft Resource Center

Free Victim Assistance [Text version: <https://www.idtheftcenter.org> | Phone: 888-400-5530]

Quick Tips & Reminders

Do's

- ✓ Act quickly - time is critical
- ✓ Document everything in detail
- ✓ Keep all correspondence organized
- ✓ Follow up on all disputes
- ✓ Continue monitoring even after resolution
- ✓ Update passwords regularly
- ✓ Use certified mail for important letters
- ✓ Request written confirmation of all actions

Don'ts

✗ Don't ignore warning signs ✗ Don't pay fraudulent debts ✗ Don't throw away documents without shredding ✗ Don't give up if initial attempts don't work ✗ Don't assume it's resolved until confirmed ✗ Don't forget to monitor children's credit too ✗ Don't share personal information unnecessarily

Need Help?

Identity Theft Resource Center Toll-Free: 888-400-5530 Website: idtheftcenter.org Live Chat Available

Federal Trade Commission Consumer Response Center: 1-877-FTC-HELP (1-877-382-4357) Website: consumer.ftc.gov

AARP Fraud Watch Network Helpline: 877-908-3360 Website: aarp.org/money/scams-fraud

ScamWatchHQ Resources Website: ScamWatchHQ.com

- Identity Risk Assessment: identityrisk.scamwatchhq.com
 - Complete Protection Guide
 - Free Tools & Resources
-

About This Kit

Identity Theft Response Kit Version 1.0 | September 2025

Provided by **ScamWatchHQ** - Your trusted source for identity protection and scam prevention education.

Free Resources Available: Visit ScamWatchHQ.com for:

- Comprehensive Identity Theft Protection Guide
- Free risk assessment tools
- Privacy audit tools
- Latest scam alerts
- Educational resources

Disclaimer: This kit provides general guidance for identity theft victims. It is not legal advice. For specific legal questions, consult with an attorney. For specific financial advice, consult with a financial advisor.

Stay Protected. Stay Informed. Stay Vigilant.

ScamWatchHQ - Protecting Your Identity in the Digital Age

Printing Instructions

Recommended Printing:

- Print entire kit double-sided to save paper
- Use cardstock for emergency contact cards
- Laminate wallet cards for durability
- Keep one copy at home and one in a safe deposit box
- Create digital backup stored securely

Document ends