



Fraud Report Form Information sheet

PRIVACY & CONFIDENTIALITY NOTICE

The information contained within this document and any attachments is intended for the NSW Police Force only and should not be communicated to any third party. If you are not the named recipient please return this document to any police station.

You have been provided with a Fraud Report Form to assist with the reporting of fraud offences to the New South Wales Police. The information provided will assist us in determining the best way to process your report. Please ensure the information provided is accurate, to the best of your knowledge and belief. Your report will be recorded on the police computer system and a reference number provided.

One of the main roles of the NSW Police Force is to detect, investigate crime and prosecute offenders. The investigation of a crime can take weeks, months or even longer depending upon the amount and type of evidence required to complete the investigation. In the event you have suffered a financial loss, it is advisable you seek independent legal advice regarding its recovery. The focus of the NSW Police will always be the application of criminal law and not the recovery of disputed assets.

Police will determine whether an investigation should be continued based upon the nature and circumstances of the offence, the chances of solving the crime, victim needs and community needs. If police proceed with an investigation, they will keep you informed of its progress. You may be required at a later stage to go to court as a witness.

The NSW Police Force plays a vital role in responding to and providing support for victims of crime. Victim support

and referral cannot be fulfilled solely by the NSW Police Force. We work with other agencies within the justice system to improve the response and outcomes for victims of crime. The Victims Access Line (VAL), run by Victims Services, Department of Attorney General and Justice, can provide you with information, referral and support to a range of services for victims of crime.

Victims Access Line (VAL):
1800 633 063

Aboriginal Contact Line:
1800 019 123

www.victimsservices.justice.nsw.gov.au

If your matter relates to identity fraud, support is available through ID Support NSW and IDCARE. Both organisations can assist individuals and businesses reduce harm they experience from the compromise and misuse of their identity information. Further information is available at:

ID Support NSW:
www.nsw.gov.au/id-support-nsw
1800 001 040

IDCARE:
www.idcare.org
1800 595 160

REPORT DETAILS

Police instructions: Fill in report details below and return this page to the person reporting.

COPS event/case number

CIRS reference number (ReportCyber)

Date

Officer's name

Police Station

Phone

Phone **TTY 02 9211 3776** (hearing/speech impaired only)



Fraud Report Form

PRIVACY & CONFIDENTIALITY NOTICE

The information contained within this document and any attachments is intended for the NSW Police Force only and should not be communicated to any third party. If you are not the named recipient please return this document to any police station.

OFFICE USE ONLY

COPS event/case number	CIRS reference number (ReportCyber)	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Officer's name	PAC / PD	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please complete pages 1-5 of this form and return to your local police station

PART 1 - PERSON REPORTING

Family name		Given name/s	
<input type="text"/>		<input type="text"/>	
Date of Birth (dd/mm/yy)	Title/Position		
<input type="text"/>	<input type="text"/>		
Address			Postcode
<input type="text"/>			<input type="text"/>
Phone	Fax	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.1 Are you making this report on behalf of a victim? Yes (Go to Part 2) No (Go to Part 3)

PART 2 - VICTIM

Family name		Given name/s	
<input type="text"/>		<input type="text"/>	
Address			Postcode
<input type="text"/>			<input type="text"/>
Date of Birth (dd/mm/yy)	Phone	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Organisation Name			ABN
<input type="text"/>			<input type="text"/>
Organisation Address			
<input type="text"/>			

PART 3 - SUSPECT / PERSON OF INTEREST

Family name		Given name/s	
<input type="text"/>		<input type="text"/>	
Address			Postcode
<input type="text"/>			<input type="text"/>
Date of Birth (dd/mm/yy)	Phone	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional information			
<input type="text"/>			

Family name		Given name/s	
<input type="text"/>		<input type="text"/>	
Address			Postcode
<input type="text"/>			<input type="text"/>
Date of Birth (dd/mm/yy)	Phone	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional information			
<input type="text"/>			

PART 4 - WITNESS

Family name		Given name/s	
<input type="text"/>		<input type="text"/>	
Address			Postcode
<input type="text"/>			<input type="text"/>
Date of Birth (dd/mm/yy)	Phone	Mobile	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional information			
<input type="text"/>			

PART 4 - WITNESS continued

Family name

Given name/s

Address

Postcode

Date of Birth (dd/mm/yy)

Phone

Mobile

Email

Additional information

PART 5 - FINANCIAL LOSS

Financial loss (\$)

Costs recovered to date (\$)

5.1 Have you, or are you likely to be reimbursed for your loss and by whom?

Yes (Provide details below) No

5.2 Has this matter been previously reported to police or Australian Cyber Security Centre (ACSC)?

Yes (Provide details below) No

Name of police officer

Reference number

5.3 Is there civil action pending, current or completed for the matter you are reporting?

Yes (Provide details below) No

5.4 Are you making this report as advised by your financial institution or any other organisation?

Yes (Provide details below) No

5.5 Are you prepared to go to court as a witness in the prosecution or the accused/s

Yes No

PART 6 - OTHER INVOLVED PARTIES

Please provide the contact details of other involved parties including legal representatives, government agencies and accountants.

Family name

Given name/s

Organisation

Address

Postcode

Phone

Mobile

Email

Family name

Given name/s

Organisation

Address

Postcode

Phone

Mobile

Email

PART 7 - NARRATIVE

Please provide a summary of the allegation you are reporting. Include any false statements, deceptive conduct or untrue representation made by the suspect which caused you to part with your money and/or property. If more space is required, continue on next page.

PART 7 - NARRATIVE

PART 8 - DOCUMENT CHECKLIST

Where possible, copies of all original documents relating to this matter must be supplied. **Do not send original documents in the mail.** Depending on the circumstances of the matter, the documents may include the following:

- | | | | | | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|-------------------------|--------------------------|
| Business records | <input type="checkbox"/> | Internet records | <input type="checkbox"/> | Photography | <input type="checkbox"/> |
| Written agreements | <input type="checkbox"/> | Invoices | <input type="checkbox"/> | Emails | <input type="checkbox"/> |
| Bank statements | <input type="checkbox"/> | Surveillance footage (CCTV) | <input type="checkbox"/> | SMS/Text message | <input type="checkbox"/> |
| Telephone records | <input type="checkbox"/> | Statutory declarations | <input type="checkbox"/> | IP address | <input type="checkbox"/> |
| Minutes | <input type="checkbox"/> | Handwritten/typed notes | <input type="checkbox"/> | IP logs | <input type="checkbox"/> |
| Receipts | <input type="checkbox"/> | Audio recordings | <input type="checkbox"/> | Power of attorney | <input type="checkbox"/> |