

# Fraudulent Art Complaint Referral Form

**Note:** Fields marked with \* are required.

## Personal Information

\*Name: \_\_\_\_\_  
(Last, First and Middle)

Business Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
(Years)

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Cell Phone Number: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

Name of your local police or sheriff's office: \_\_\_\_\_

Is the complaint you are filing related to Art Fraud?: \_\_\_ Yes \_\_\_ No

Do you have pertinent documents in paper form?: \_\_\_ Yes \_\_\_ No

The U.S. Attorney's Office may desire copies of pertinent documents regarding your complaint. These may include cancelled checks, copies of money orders, printed emails, envelopes (if you should receive anything by FedEx, UPS, U.S. Mail, etc.) invoices, certificates of authenticity.

## Information about the Individual/Business that Victimized You

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last, First and Middle)

Gender: \_\_\_ Male \_\_\_ Female

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*ZIP: \_\_\_\_\_ \*Country: \_\_\_\_\_

\*Phone Number: \_\_\_\_\_ \*Cell Phone Number: \_\_\_\_\_

\*Email Address: \_\_\_\_\_

## Other Identifiers about the Individual/Business that Victimized You

Web Site: \_\_\_\_\_

IP Address: \_\_\_\_\_

Chat Room Name: \_\_\_\_\_

Usenet Newsgroup: \_\_\_\_\_

Other: \_\_\_\_\_

Monetary Loss

\*Please specify the total dollar amount of your loss from this incident: \_\_\_\_\_ U.S. Dollars enter 0 for no loss

Please indicate the means of payment (select all that apply):

- Cash
- Check / Debit Card
- Wire Transfer
- Cashier's Check
- Money Order
- Other: \_\_\_\_\_

Did you use a third party online payment service such as Paypal, BidPay, Escrow?:  Yes  No

Describe the Incident

\*Describe in your own words how you have been victimized. Be specific! Include specific information about the piece, including the purported edition number, the print (such as lithograph, etching, or silkscreen), the artist, the date(s) of transaction(s), certificate of authenticity or written appraisals, any transaction number (from eBay, Western Union, PayPal, etc.), and any other pertinent information that helps to explain how you were victimized. Also if you received anything by U.S. Mail, FedEx or UPS, specifically describe the envelope, by the date, time, city and zip code shown on the stamp cancellation postmark. Please be sure to include any representations that made regarding the authenticity (verbal or written) regarding the print(s).

Please indicate any medium used by the individual/business in the course of the incident (select all that apply):

- Bulletin board
- Fax
- Mail
- Web site
- Other: \_\_\_\_\_
- Chat room
- In person
- Newsgroups
- Wire
- Email
- Internet messaging
- Telephone

Please indicate the initial means of contact with the individual/business that victimized you (select one):

If "Other", please specify: \_\_\_\_\_

Was this initial means of contact unsolicited/uninvited?:  Yes  No

What was your relationship with the individual/business you are complaining about prior to the incident you are reporting?:

How did you learn that the print you purchased was not authentic?:

Do you have any documentation supporting this?:  Yes  No

Did you try to resolve your dispute with whomever sold you the piece?:  Yes  No

If "Yes" what happened?:

How much time has passed since you determined you were victimized?:

Contact Information

Are there witnesses or other victims to this crime?:  Yes  No

If "Yes" please provide names, addresses, phone numbers, email addresses, and /or web sites of where additional victim lists can be found:

Have you reported this crime to any law enforcement of government agencies?:

- Better Business Bureau
- Individual / business that victimized you
- Private attorney
- Consumer protection agency
- Police / other law enforcement

Provide the specific name of each organization, contact name, contact phone number, email address, date reported, and report number if known:

Signature and Date

The information I've provided on this form is correct to the best of my knowledge. I understand that providing false information could make me subject to fine, imprisonment, or both (Section 1001, Title 18, U.S. Code.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

or mail to: United States Attorney's Office, Victim Witness Unit, 219 S. Dearborn St., 5<sup>th</sup> Fl., Chicago, IL 60604  
or fax to: (312) 469-6215