



DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement
National Intellectual Property Rights Coordination Center

**ALLEGATION OF COUNTERFEITING
AND INTELLECTUAL PIRACY**

The National Intellectual Property Rights Coordination Center (IPR Center) is the U.S. government's clearinghouse for investigations into counterfeiting and piracy — crimes that threaten the public's health and safety, the U.S. economy, and our war fighters.

The IPR Center encourages members of the general public, industry, trade associations, law enforcement and government agencies to report potential violations of intellectual property rights through this website. The information you provide will be reviewed promptly by IPR Center staff and disseminated for appropriate investigative response and tactical use to **IPR Center partners**.

Completion of this referral form is voluntary. The IPR Center accepts online complaints from actual victims as well as from third parties to the victims. While providing your contact information is voluntary, the IPR Center can best process a complaint if it receives accurate information in the form and has the ability to contact the complainant to clarify information that was provided, when necessary. There are various resources, such as the IPR Center's pamphlet **Reporting Allegations of Intellectual Property Theft** and the Department of Justice, Computer Crime and Intellectual Property Section's publication **Reporting Intellectual Property Crime: A Guide for Victims of Counterfeiting, Copyright Infringement, and Theft of Trade Secrets** that may aid in reporting violations of intellectual property rights and assist you in completing this form. Please provide as much of the following information as possible to assist us in investigating the report.

Information about the Individual/Business that violated intellectual property rights:			
Business Name:			
First Name:	Middle Initial:	Last Name:	Gender:
Address (Include Suite/Apt./Mail Stop):			
City:	State:	Country:	Zip Code / Route:
Phone Number:	Email Address:		
Other Identifiers about the Individual/Business that violated intellectual property rights:			
Web Site:		IP Address:	
Social Media site:		Social Media user account:	
Monetary Loss:			
Please estimate the total dollar amount of your loss from this incident: \$ _____ (US Dollars) Enter 0 for no loss		Did you use a third party online payment service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of third party online payment service did you use?			
Please indicate the means of payment (select all that apply): <input type="checkbox"/> Cash <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Check/Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Gift Card <input type="checkbox"/> Money Order <input type="checkbox"/> Wire Transfer <input type="checkbox"/> Other (Specify Other): _____			
Type of Commodity:			
Does your complaint involve a government contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of commodity was involved? (Check applicable commodities)			
<input type="checkbox"/> Automotive Parts/Accessories	<input type="checkbox"/> Electronics: Computer Hardware	<input type="checkbox"/> Wearing Apparel/Accessories: Jerseys	
<input type="checkbox"/> CDs Piracy: Music	<input type="checkbox"/> Electronics: Computer Software	<input type="checkbox"/> Wearing Apparel/Accessories: Jewelry	
<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Food Substances	<input type="checkbox"/> Wearing Apparel/Accessories: Shoes	
<input type="checkbox"/> Cyber Financial Fraud	<input type="checkbox"/> Hygiene/Cosmetics	<input type="checkbox"/> Other/Miscellaneous (Specify): _____	
<input type="checkbox"/> DVDs Piracy: Movie	<input type="checkbox"/> Pharmaceuticals		
<input type="checkbox"/> DVDs Piracy: TV	<input type="checkbox"/> Trade Secrets Theft		
<input type="checkbox"/> Electronics: Computer Accessories	<input type="checkbox"/> Wearing Apparel/Accessories: Handbags		

Description of the Incident:

Describe in your own words how you have been victimized or how intellectual property rights were violated. (Be specific. Include date(s) of transaction(s), a description of any items that were not delivered or were counterfeited, any transaction numbers, and any other pertinent information that helps to explain the violation. Also if you received anything by U.S. Mail or any other delivery service, specifically describe the envelope, by the date, time, city and zip code shown on the stamp cancellation postmark).

Additional Information:

If applicable, please indicate the initial means of contact with the individual/business that violated intellectual property rights:

If applicable, 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?

Did you conduct any research on the individual/business prior to the incident?

Yes No

How much time has passed since you determined that the individual/business was violating intellectual property rights?

Are there witnesses or other victims to this crime? If yes, please provide names, addresses, phone numbers, email addresses, and/or websites of where they can be found (optional).

Witness or Victim 1:

First Name:	Middle Initial:	Last Name:
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Address (Include Suite/Apt./Mail Stop):

City:	State:	Country:	Zip Code / Route:
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Phone Number:	Email Address:	Web Site:
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Witness or Victim 2:			
First Name:		Middle Initial:	Last Name:
Address (Include Suite/Apt./Mail Stop):			
City:		State:	Country: Zip Code / Route:
Phone Number:	Email Address:		Web Site:
Additional Witness/Victim Information:			
Have you already reported this crime to any law enforcement or government agencies? If yes, please indicate the organizations/ individuals that you contacted (select all that apply).			
<input type="checkbox"/> Better Business Bureau		<input type="checkbox"/> Police/other law enforcement	
<input type="checkbox"/> Consumer protection agency		<input type="checkbox"/> Private attorney	
<input type="checkbox"/> Individual/business that victimized you		<input type="checkbox"/> Other (Specify Other) _____	
Provide the specific name of each organization, contact name, contact phone number, email address, date reported, and report number (if known).			
Organization 1:			
Organization Name:		Contact Name:	
Phone Number:	Email Address:	Date Reported:	Report Number:
Organization 2:			
Organization Name:		Contact Name:	
Phone Number:	Email Address:	Date Reported:	Report Number:
Do you have pertinent documents/correspondence in paper or electronic form?			
<input type="checkbox"/> Yes <input type="checkbox"/> No *Original documents should be retained for use by law enforcement agencies*			
Additional Organization Information:			
Contact Information:			
Your report will remain anonymous unless you choose to identify yourself; however, please note that failure to do so may limit or otherwise compromise the IPR Center and its partners' efforts to conduct an investigation based on your information. If you agree to be contacted with follow-up questions, if necessary, please enter your contact information:			
First Name:		Middle Initial:	Last Name:
Business Name:		Phone Number:	Email Address:

WARNING REGARDING KNOWINGLY PROVIDING FALSE INFORMATION

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

Privacy Act Statement - IPR Center Reporting Allegations of Counterfeiting and Intellectual Piracy Form

Authority: 5 U.S.C. § 301; 5 U.S.C. § 552a; 6 U.S.C. § 203; 8 U.S.C. § 1103; 19 U.S.C. § 1589a; 44 U.S.C. § 3101 authorize U.S. Immigration and Customs Enforcement (ICE) to collect your information requested in this web form.

Purpose(s): The information being requested is collected and controlled by the ICE-led National Intellectual Property Rights Coordination Center (IPR Center) for the purpose of evaluating and further developing information in support of law enforcement investigations. The IPR Center may also use your information to contact you for additional and/or clarifying information about your report.

Routine Use(s): Your information and the information you provide regarding suspicious or suspected criminal activity and/or violation of law may be shared internally within the Department of Homeland Security (DHS) for any appropriate law enforcement action. The information you provide may also be shared with other federal, state, local, tribal, territorial, or foreign agencies in order to refer reports of suspicious activity, tips, potential violations of law and other relevant information to those agencies with appropriate jurisdiction, authorities, and/or need-to-know concerning the matter(s) you report. The information you provide may also be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended, and pursuant to the routine uses published in the DHS system of records notice, DHS/ICE-009 External Investigations.

Disclosure: Use of this form and the disclosure of your contact information when submitting this form are voluntary. Should you wish to submit an anonymous report verbally, you may call the IPR Center Hotline at 1-866-IPR-2060 or 1-866-477-2060.

Public Reporting Burden

U.S. Immigration and Customs Enforcement is collecting this information as a part of its agency mission under the Department of Homeland Security. The estimated average time to review the instructions, search existing data sources, gather and maintain the data needed and completing and reviewing this collection of information is 30 minutes (.5 hours) per response. An agency may not conduct or sponsor, and a person is not required to respond to, an information collection unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to U.S. Immigration and Customs Enforcement, Forms Management Office, 801 I Street NW, Washington D.C. 20536-5800. Do not mail your completed form to this address.

For Industry Use

Entities (Persons or Businesses) engaged in production, transportation, distribution or sale of counterfeit goods, foreign or domestic (Manufacturers, Shippers, Trading Companies, Freight Forwarders, Importers, Brokers, Individuals, etc.), or information regarding specific shipments.

Entity Name	
Entity Address	
Entity Phone Number	
Entity URL (web address)	
Entity IP (internet protocol)	
Foreign Places of Receipt	
Foreign Ports of Lading	
Domestic Ports of Arrival or Entry	
Cargo Descriptions Used	
Container Number (s)	

Entities subject to Cease & Desist letters, Suits, Arrests, Prosecutions, etc., foreign or domestic.

Entity Name	
Entity Address	
Entity Phone Number	
Entity URL (web address)	
Entity IP (internet protocol)	

Seizures executed overseas by foreign Customs or Law Enforcement and the shipping or manifest information associated with those seizures.

Country	
Port	
Importer Name	
Importer Phone Number	
Importer Address	
Exporter Name	
Exporter Phone Number	
Exporter Address	
Freight Forwarder Name	
Freight Forwarder Address	
Freight Forwarder Phone Number	
Counterfeit Goods Seized	
Cargo Description(s) Used	
Weight	
Quantity	
Destination Port (if different than detection Port)	
Container Number(s)	