

DATE _____

ST. JOSEPH, MO. POLICE DEPARTMENT

FORGED CHECK COMPLAINT

CASE #: _____

PLEASE TYPE OR PRINT

ASSIGNED: YES NO

VICTIM / BUSINESS NAME: _____

ADDRESS (where check(s) was/were passed): _____

PHONE NUMBER: _____

IS PROSECUTION DESIRED: YES NO

COMPLAINANTS NAME: _____ RACE: _____ SEX: _____

HOME ADDRESS: _____ HOME PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

POSITION AT BUSINESS: _____

NAME OF PERSON WHO TOOK CHECK(S): _____ RACE: _____ SEX: _____
(IF MORE THAN ONE EMPLOYEE HANDLED TRANSACTION(S), LIST THIS SAME INFORMATION IN THE 'ADDITIONAL INFORMATION' SECTION)

HOME ADDRESS: _____ HOME PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

POSITION AT BUSINESS: _____

DATE OF OCCURRENCE: _____ TIME (if known): _____
(DATE CHECK WAS PASSED IF MORE THAN ONE CHECK WAS PASSED, PUT DATE OF FIRST AND DATE OF LAST)

NAME ON ACCOUNT: _____ NAME OF BANK: _____

ACCOUNT NUMBER: _____ CHECK NUMBER(S): _____

TOTAL LOSS: _____

ANSWER THE FOLLOWING QUESTIONS AND FOLLOW THE INSTRUCTIONS:

- 1. DO YOU HAVE THE ORIGINAL CHECK(S)?..... YES NO
- 2. DO YOU HAVE THE ORIGINAL AFFIDAVIT(S) OF FORGERY?..... YES NO
(IF NO, ONE MUST BE OBTAINED FROM THE PERSON ON WHOSE ACCOUNT THE CHECK(S) WAS / WERE WRITTEN)

IF QUESTIONS 1 AND 2 WERE ANSWERED YES, PLEASE CONTINUE.

- 3. HOW MANY CHECKS WERE PASSED ON THIS ACCOUNT? _____
- 4. WAS IDENTIFICATION ASKED FOR AND SHOWN?..... YES NO ON SOME
IF YES, WHAT TYPE WAS USED?..... DRIVERS LICENSE STUDENT I.D. OTHER NONE
SPECIFY WHICH STATE OF LICENSE, WHICH SCHOOL, OR WHAT OTHER TYPE WAS USED: _____

- 5. WAS INFORMATION FROM THE I.D. (license number, date of birth, student number, etc.), WRITTEN ON THE CHECK(S) BY THE PERSON ACCEPTING IT?..... YES NO ON SOME
- 6. DID THE PERSON ACCEPTING THE I.D., VERIFY THAT THE PICTURE ON THE I.D. WAS THAT OF THE PERSON PRESENTING IT?..... YES NO NOT APPLICABLE
- 7. CAN THE PERSON WHO TOOK THE CHECK(S) POSSIBLY IDENTIFY THE PERSON WHO PASSED IT/THEM, BY PHOTOGRAPH OR PERSONAL KNOWLEDGE OF THE PERSON?..... YES NO POSSIBLY
IF YES OR POSSIBLY, PLEASE DESCRIBE THE PERSON:

NAME (if known): _____ ADDRESS (if known): _____

AGE: _____ RACE: _____ SEX: _____ HT.: _____ WT.: _____ HAIR COLOR: _____ EYE COLOR: _____

HAND PREFERENCE: RIGHT LEFT ANY DISTINGUISHING MARKS, TATTOOS, OR TRAITS: _____

