

## Felony Check Complaint Form

Your Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M  F  Race: White  Black  Amer Ind  Asian/Pac  Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

### Check Information

Amount of the check: \_\_\_\_\_ Payee: \_\_\_\_\_

Date the check was received: \_\_\_\_\_ Date of issuance shown on check: \_\_\_\_\_

Account holder shown on the check: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_, State: \_\_\_\_ Phone #: \_\_\_\_\_

Bank the check is drawn on: \_\_\_\_\_

Name of authorizing signature: \_\_\_\_\_

This check was returned to us marked: NSF  Closed Account  Payment Stopped  Forged

Location Check where Passed (give the address where the passing of this check occurred): \_\_\_\_\_

### What was received in return for this check?

Cash  Merchandise  Services  Other  Explain \_\_\_\_\_

Please attach copies of any invoices, receipts, or other documents related to this transaction.

### Business Information:

Title of Business: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Doing Business as: Corporation  Partnership  Individually Owned

### Who Accepted This Check?

Name: \_\_\_\_\_, Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Can this person pick the suspect from a group of photos containing a photo of the suspect? Yes [ ] No [ ]

Did this person have the suspect place a thumb print on the above described check or related document at the time the check was passed? Yes [ ] No [ ]

**Who Passed This Check?**

Was the check received: from the account holder [ ], through the mail or other delivery service [ ], from a person other than the account holder [ ].

Name (Person passing the check): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Description: Sex: \_\_\_\_\_ Race: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Identification or Remarks: DL#: \_\_\_\_\_ ID #: \_\_\_\_\_

Physical Description ( Height, Weight, Tattoos, Scars, Disfigurements, etc....)\_\_\_\_\_

If suspect is known, what is your relationship to this person?

**Other Witnesses**

Were there any other witnesses to the passing of this check? Yes [ ] No [ ]

If Yes, please list names with contact information: \_\_\_\_\_

**Person Who Wishes to File Formal Criminal Charges:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M [ ] F [ ]

Title: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**Theft by Check [ ] Forgery [ ]**

I DID NOT GIVE ANYONE PERMISSION TO COMMIT THE ABOVE DESCRIBED OFFENSE AGAINST MYSELF AND/OR PROPERTY OWNED OR UNDER MY CONTROL. I DO WISH TO FILE CHARGES. MY RELATIONSHIP TO THE ABOVE DESCRIBED IS: [ ] OWNER [ ] BAILEE [ ] MANAGER

[ ] OTHER \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Statement

\_\_\_\_\_  
Date

Please mail to or drop this statement by the Beaumont Police Department - our mailing address is:  
Beaumont Police Department  
Fraud Investigations  
P.O. 3827  
Beaumont, Texas, 77704-3827