

Three (3) pages

Incident Code 90A

Date & Time Check Received: _____

Victim Information (Legal Business Name if Victim is a Business)

Date of Birth

Business Address (Number, Street, City, State, Zip)

Cell Phone

Reporting Party Information

Date of Birth

Business Address (Number, Street, City, State, Zip)

Cell Phone

Person Who Received Check

Date of Birth

Business Address (Number, Street, City, State, Zip)

Cell Phone

STAMFORD POLICE DEPARTMENT – BAD CHECK COMPLAINT

COMPLETED BY COMPLAINANT

Three (3) pages

Incident # _____ Incident Code **90A**

Witness/Other Involved Person

Last, First, Middle Sex Race Date of Birth

Home Address (Number, Street, City State, Zip)

Business Address (Number, Street, City, State, Zip)

Home Phone(with Area Code) Business Phone Cell Phone

Suspect Information

Last, First, Middle Sex Race Date of Birth

Home Address (Number, Street, City State, Zip)

Business Address (Number, Street, City, State, Zip)

Home Phone(with Area Code) Business Phone Cell Phone

Check Information

Check Number Check Date Amount Reason Bank Returned Check

Bank Name Account Name

Type of ID Presented ID Number State YES____NO____
Photo Compared

What was given in exchange for check? (cash or merchandise, if merchandise describe)

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Was check post-dated? (circle) YES NO

Was check to cover another check? YES NO

Has partial payment been made on check? YES NO

Can the witness who accepted the check identify the check? YES NO

Can the witness who accepted the check identify the maker? YES NO

Can the person who accepted the check verify that the maker actually handed over the check? YES NO

Can the witness who accepted the check verify the check was signed in their presence?
YES NO

ATTACH ORIGINAL RETURNED CHECK
Or
COPY OF FRONT AND BACK OF CHECK

Additional information that would assist in the investigation:

Reporting Party Signature

Date

Police Officer Accepting Report/employee #

Reviewed by Supervisor/employee #