

Bad Check Complaint Form

Incomplete reports decrease the chances of collecting restitution.

Complete this two-page report for each check writer. Up to three (3) checks can be listed with one report provided they were written by the same writer and all received within a ten (10) day period. **Photocopies of the check (front and back), 5 Day Notice, certified mail receipt, the signed return or non-delivery letter** (whatever the postman returned to you) must accompany this report. **DO NOT SEND ORIGINALS** - keep them for your records and for use as evidence should prosecution be required.

Please Type or Print Legibly

It is understood that all checks submitted to the Bad Check Recovery Program may result in criminal prosecution. Checks older than 90 days are not eligible for this program.

Victim Information

The business or person accepting the check is the Victim

Business _____

Phone Number (Area Code + Number) _____

Street Address (House Number and Street Name) _____

City _____

State _____

Zip Code _____

Address Where Check Was Accepted (If Different From Above) _____

City _____

State _____

Zip Code _____

Date Check Was Received _____

Time Received _____

How Was The Check Received (by mail, in person, etc) _____

Person Submitting the Check(s) to the Program

The owner, manager or other person of responsibility for the business goes here.

Name (Last Name, First Name, Middle Initial) _____

Race _____

Sex _____

Date of Birth _____

Home Address (House Number and Street Name) _____

City _____

State _____

Zip Code _____

Home Phone (Area Code + Number) _____

Position with Business _____

Work Phone (Area Code + Number) _____

I certify that no one has or will accepted restitution from the writer of the check(s) that are the subject of this report as of this date.

Date _____

Signature _____

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Please Type or Print Legibly

Person Who Accepted Check

The person that works for the Victim/Business who accepted the check from the check writer

Name (Last Name, First Name, Middle Initial)

Race

Sex

Date of Birth

Home Address (House Number and Street Name)

City

State

Zip Code

Home Phone Number (Area Code + Number)

Position With Business

Work Phone Number (Area Code + Number)

**Person Who Wrote the Check
(Height and Weight Can Be Approximated)**

Name (Last Name, First Name, Middle Initial)

Race

Sex

Date of Birth

Home Address (House Number and Street Name)

City

State

Zip Code

Home Phone (Area Code + Number)

Height

Weight

Hair

Eyes

What Type Of ID Was Used?

State ID Was Issued

ID Number

Can The Writer Be Identified By Someone From Your Business Involved in the Transaction?

Is There Video of the Transaction?

Check Information

Check #

Dated

Amount

Bank Drawn On

Account Number

Check #

Dated

Amount

Bank Drawn On

Account Number

Check #

Dated

Amount

Bank Drawn On

Account Number

Include copy of sales receipt from the transaction(s), if available.