

CEDAR RAPIDS POLICE DEPARTMENT



FRAUDULENT CHECK AND / OR CREDIT CARD USED

DATE: \_\_\_\_\_  Check  Credit Card

Reason:  INSF  No Account  Account Closed  Forgery  Fraudulent  Other: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Is the account:  Open  Going to be closed  Closed – Date account was closed: \_\_\_\_\_

Victim Type:  Individual  Financial  Business  Government  Religious  Other: \_\_\_\_\_  Unknown

Victim's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date Reported: \_\_\_\_\_

Time Reported: \_\_\_\_\_

Reported by: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Check/credit card accepted by: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Person passing check/credit card: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_

Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Glasses: \_\_\_\_\_

Identification used by passer (i.e. driver's license, employment ID, etc.): \_\_\_\_\_

**INCLUDE WHEN SUBMITTING:**

- Copy of Transaction History
- Copy of checks used
- Copy of ID used
- Video or screen shots of transaction (if applicable)

CASE #: \_\_\_\_\_

**COMPLAINANT NARRATIVE:**