

Forgery Complaint Form

Royse City Police Department – Criminal Investigations Division

I. Victim – This person or business MUST be the one suffering financial loss				
Name:				
Race:	Sex:	Date of Birth:	Phone:	
Residence address:				
City:	State:		ZIP Code:	
Business address:				
City:	State:		ZIP Code:	
E-mail Address:			Alt. Phone:	
II. Reporting Person – if other than Victim				
Name:				
Race:	Sex:	Date of Birth:	Phone:	
Residence Address:				
City:	State:		ZIP Code:	
Title/Position:	E-mail Address:			
III. Offense Location – where forged document was presented (must be in Royse City)				
Business Name:				
Address:				
City:	State:		ZIP Code:	Phone:
Date of Offense:	Time of Offense:		Surveillance Video Available ? Yes No	
IV. Check Information				
Issuing Bank:	Name(s) on Account:		Account Number:	
V. Witness – person to whom forged document was presented				
Name:				
Race:	Sex:	Date of Birth:	Phone:	
Residence Address:				
City:	State:		ZIP Code:	
Title/Position:	E-mail Address:			
VI. Suspect				
Name:				
Race:	Sex:	Date of Birth:	Phone:	
Residence Address:				
City:	State:		ZIP Code:	
Identification Presented (number and type):			Can Witness identify Suspect? Yes No	
Distinguishing features:				
Vehicle Make:	Model:	Color:	Year:	License/State:
VII. Narrative – attach additional pages as needed				

Affiant:		Account Name:	
Account Number on the Check:		Bank Drawn On:	
Date:	Amount of Check:	Check Number:	Payable to:

Please Note: You may initial more than one box below if your item has been misused in more than one way. However, a separate affidavit must be completed for each item.

MAKER'S SIGNATURE FORGED

*The maker's signature of _____ on the item is a forgery. I did not authorize the signature.

ENDORSEMENT FORGED

*The endorsement of _____ on the above item is a forgery. I did not authorize or write the endorsement.

CHECK AMOUNT ALTERED

*The amount of the above item was altered from the original amount of \$ _____ to \$ _____. I did not alter the amount of the item nor authorize the alteration.

PAYEE NAME ALTERED

*An unknown person altered the payee's name on the item to make it payable to the order of _____. I did not alter the payee's name nor authorize the alteration.

UNAUTHORIZED MAKER'S SIGNATURE

*The maker's signature of _____ on the above item is not authorized. The person who issued the item is not authorized to use the account.

OTHER (Counterfeit, etc.) _____:

I, _____, as affiant declare that the statements in this document are true.

_____ (Signature of Affiant)

Address (Residence) _____ City _____ State _____ Zip Code _____

Phone Numbers _____ Home _____ Business _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, AD 20_____

_____ (Signature of Notary Public)

(SEAL)

COUNTY OF _____

STATE OF _____