



BAD CHECK COMPLAINT FORM

Victim: _____

Name on Account: _____

Financial Institution: _____

Check # _____ Amount on Check: \$ _____

Date & Time Check Negotiated: _____

Location where check Negotiated: _____

Person / Employee Accepting Check: _____

Name of Person Passing Suspect Check: _____

Form of Photo ID Used: _____ Identification #: _____

Bad Check Fee: \$ _____

Total Loss Incurred by Victim: \$ _____

- The check in question is either over \$200, written on a closed account, or the third or subsequent offense for the suspect check passer.
- All individual efforts to collect on this debt have been documented, and that documentation has been provided to the West York Borough Police Station.
- A certified letter has been sent to the address on the check, requesting restitution within 10 days. A copy of the letter and the receipt or returned letter, have been provided with this complaint.
- All pertinent transaction and/or account information has been provided with this complaint.
- All original supporting documentation has been provided with this complaint. (i.e. checks, certified letters, receipts, surveillance film)

Failure to provide any of the above information will directly affect the ability of the West York Borough Police Dept. investigate and prosecute criminal violations of Title 18, Pennsylvania Crimes Code, Section 4105, referring to Bad Checks. We also reserve the right to decline to accept complaints that do not include the above information.

I, _____, on behalf of _____, do here by attest that the above information is true and correct and all of the conditions have been met. I/We request that the West York Borough Police Dept. investigate and prosecute the above described bad check violation. As part of this request, I/we agree not to accept to the West York Borough Dept. restitution may only be collected if ordered by the court or the investigating officer.

Complainant's Signature: _____ Date: _____

Patrolman's Signature: _____ Date: _____