

ROUTT COUNTY SHERIFF'S OFFICE CHECK COMPLAINT FORM

Report Date : _____ DR# _____

Reporting Party: _____ DOB: _____

Home Address : _____ Phone _____

Work Address: _____ Phone _____

Victim : _____

Suspect: _____

Height _____ Weight _____ Eyes _____ Hair _____

Suspects Drivers Lic (If Known) _____

Suspects Home Address _____

Suspects Work Address _____

Check Recipient _____

Address _____

Check Information _____ Date of Check _____ Amount _____ Check# _____

Name on Account _____ Account # _____

Bank Name _____ Deposit Date _____

What was received for the check? _____

Where was check received? _____

Why was check refused? NSF _____ Account Closed _____ Other _____

Did the issuer of check indicate in any way that the check would not clear at the time of check issuance? YES _____ NO _____

Was the check "Post Dated" or "Stale Dated"? _____

Has any restitution been received? _____

Has a certified letter been sent to issuer? _____

What other attempts have you made to collect the check or contact the issuer?

The foregoing is true to the best of my knowledge

Complainant's Signature _____ Date _____

Officer Name _____ ID# _____ Date _____