

# FRAUD INFORMATION SHEET

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*Please complete as it applies to your case. Information will be needed to file a report.*

## Victim Information

Name/Business Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Complainant Information

Name/Business Name: \_\_\_\_\_

*(Last, First, Middle)*

Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

## Person who Handled Transaction

Name/Business Name: \_\_\_\_\_

*(Last, First, Middle)*

Date of Birth: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date of Transaction they handled/Check Number/Receipt Number:

\_\_\_\_\_

## Incident Information

Amount of Check or Charge: \_\_\_\_\_

Date of Transaction: \_\_\_\_\_

Identification verified?  Yes  No

Passer's Driver's License Number: \_\_\_\_\_

Suspect Name: \_\_\_\_\_

Suspect Date of Birth: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date Notice and Demand for Payment Letter Sent: \_\_\_\_\_

How was letter sent? \_\_\_\_\_

List all contact made with the person who passed the check or made the charge, including dates, times and specifics of the conversation(s):

\_\_\_\_\_  
\_\_\_\_\_

## Account Data of Check/Card Used

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

Account Number: \_\_\_\_\_

16-Digit Number on Card (debit/credit): \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

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

Account Number: \_\_\_\_\_

16-Digit Number on Card (debit/credit): \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

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

Account Number: \_\_\_\_\_

16-Digit Number on Card (debit/credit): \_\_\_\_\_

Account Holder Name(s): \_\_\_\_\_

### **Contact Data**

Bank/Credit Card Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Bank/Credit Card Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Bank/Credit Card Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_