

Forgery Complaint Form

Dallas Police Department – Financial Investigations Unit

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 Dallas)				
Business Name:				
Address:				
City:	State:	ZIP Code:	Phone:	
Date of Offense:	Time of Offense:	Surveillance Video Available? Yes No		
IV. 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:			
V. 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:
VI. Narrative – attach additional pages as needed				