Swindle Complaint Form

Dallas Police Department – Financial Investigations Unit

I. Victim –	This person	or business MUS	T be the o	ne suffering fin	ancial loss	
Name:						
Race/Sex:		Date of Birth:	Date of Birth:		Phone:	
Residence address:						
City:		State:	State:		ZIP Code:	
Business address:						
City:	State	:			ZIP Code:	
E-mail Address:				Alt. Phone:		
II. Reporting	j Person – i	f other than Victin	n			
Name:						
Race/Sex:	Date of Birth:	Date of Birth:		Phone		
Residence Address:						
City:	State	:		ZIP Code:	e:	
Title/Position:	E-ma	E-mail Address:				
III. Offense L	ocation (mu	ust be in Dallas)				
Business Name:						
Address:						
City:	State	•			Phone:	
Date of Offense:	L	Time of Offense:		Surveillance	Video Available? Yes	No
IV. Monetary	Loss					
Amount:		Paid in (cash, check, et	c).			
V. Witness		r aid iii (cacii, check, ca	0.).			
Name:						
Race/Sex:		Date of Birth:		Phone:		
Residence Address:		Date of Bitti.		i none.		
City:	State:		ZIP Code:	ZIP Code:		
Title/Position:	E-mail Address:			Zii Oode.		
VI. Suspect	Eine	ii 7 taarees.				
Name:						
Race/Sex:		Date of Birth		Phone:		
Residence Address:		Date of Billi		i none.		
City:		State:		ZIP Code:		
Identification Presented (num	Glaic.			an Witness identify Suspect? Yes No		
Distinguishing features:				Can willioss luc	, Cuopoot: 100	.,,,
Vehicle Make:	Model:	Color:	Year:	License/Stat	Α.	
			_	Licerise/Stat	. 	
VII. Narrative	- attach ad	ditional pages as	neeaea			