

- BAD CHECK COMPLAINT AND INFORMATION -

This form is to be completed by the PERSON WHO ACTUALLY TOOK THE CHECK. Please print legibly or type all information. EVERY QUESTION MUST BE ANSWERED! Include: Copy of 10-day letter, original check, and green certified mail card (if applicable).

1. The Victim / Business who accepted	ed the check:
Name	
Address	Phone
City, State, Zip Code	
2. Person who ACTUALLY TOOK the ch	neck:
Name	
Address	Phone
City, State, Zip Code	
3. Date of purchase or service	
4. Was check postdated or was there	an agreement to cash it later? \Box Yes \Box No
5. WHAT merchandise or service was	provided?
6. Has the person who passed the che	eck been notified that the checks were refused by
the bank? 🛛 Yes 🗖 No	What date were they notified?
7. How was the check passer notified	l? 🗇 Phone 🗇 Mail 🗇 Personally
8. Full name of the person who notified the check passer	
9. Do you personally know the person	n who gave you the check? \Box Yes \Box No
10. Can you identify the person who g	ave you the check? \Box Yes \Box No \Box Maybe
11. Information of the person who passed the check that <u>MUST BE OBTAINED</u> : *Required	
*Name	
*Date of Birth	
*State of License	

Additional information? Please include on back of this form. Please seperate check and staple One Check Per Form.