

## - 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.