

DIRECTIONS TO MERCHANT: IF YOU HAVE MAILED THE CHECK WRITER THE NOTICE LETTER AND HAVE NOT RECEIVED A RESPONSE AFTER FIVE DAYS:

- (1) FILL OUT A COMPLAINT SHEET FOR EACH CHECK RECEIVED.
ATTACH THE ORIGINAL CHECK OR AN ORIGINAL COPY OF THE CHECK AND NOTICE LETTER
- (2) BRING THE COMPLAINT SHEET AND ATTACHED ITEMS TO THE EAST JORDAN POLICE DEPARTMENT OR CONTACT AN OFFICER TO COME AND PICK THEM UP
- (3) PLEASE DO NOT ACCEPT ANY MONEY REGARDING THE CHECK WITHOUT FIRST CONTACTING THE EAST JORDAN POLICE DEPARTMENT . DOING SO MAY PREVENT FULL RECOVERY OR PROSECUTION.

**EAST JORDAN POLICE DEPARTMENT
BAD CHECK COMPLAINT SHEET**

Check Issued To: _____ Phone #: (____) _____

Address: _____

Complainant: _____ D.O.B.: ____/____/____
(Full Name)

Address: _____ Phone#: (____) _____

Person / Employee Same as Above

Who Accepted Check: _____ D.O.B.: ____/____/____
(Full Name)

Address: _____ Phone#: (____) _____

Check # _____ Check Amount: \$ _____ Date Issued: _____ Bad Check Fee: \$ _____ Total Owed: \$ _____

Check Writer's Name: _____ Phone#: (____) _____

Address: _____
(If Known)

Drivers License #: _____ State: _____ D.O.B. ____/____/____
(If Known) (If Known)

How did you receive this check? In Person By Mail By ATM Other: _____

Address Where Check was Passed? Same as On Top of Form Other: _____

Can Person Who Received Check Positively I.D. the Check Writer? Yes No If yes, Please have the person who received the check write a brief statement how they can identify the check writer. (ex: They know the check writer personally, identified the check writer by there picture i.d., etc. : _____

Signature of Person Giving Statement: _____ Date: ____/____/____

On What Date Did You Send The Bad Check Writer The 5-Day Notice?: ____/____/____

POLICE USE (DO NOT WRITE BELOW LINE)

Complaint #: 362 - -20	Date Received: / / 20	Time Received: : <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Assigned Officer:
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