

MIDDLETOWN POLICE DEPARTMENT
BAD CHECK COMPLAINT FORM

INC # _____

DATE _____

Maker of Check _____ Sex _____

Address _____ D/O/B _____

License # _____ ST _____ SSN _____

Phone Numbers (Home) _____ (Work) _____

Complainant Info:

Business Name _____

Address _____ Phone _____

_____ Insufficient Funds _____ Account Closed _____ Payment Stopped

Amount of Check(s)

1. _____ Date _____ Check # _____

2. _____ Date _____ Check # _____

3. _____ Date _____ Check # _____

4. _____ Date _____ Check # _____

Bank check drawn on _____

Check received at store by _____ Date Received _____

Date registered letter sent _____ Received _____

If received have seven days passed _____

Complainant/Agent Signature _____