

OFFICE OF THE DISTRICT ATTORNEY

County of San Luis Obispo

Dan Dow
District Attorney

Lee Cunningham
Chief Deputy District Attorney



Bad Check Program Complaint Form

SUSPECT INFORMATION <i>(PLEASE STAPLE ORIGINAL CHECK OR BANK GENERATED SUBSTITUTE TO THE TOP OF THIS FORM)</i>					Case #
Suspect Name:					
Driver's License:		State Where Issued:		Other Photo ID:	
Address:			Home Phone:		
City:		State:	Zip:		
Employer:			Work Phone:		
Please list any additional information to help identify or locate the check writer on the back of this form.					
VICTIM/BUSINESS INFORMATION					
Business Name: <i>(If individual, enter your name)</i>				Phone:	
Address:					
City:		State:	Zip:	Business Location: <i>(City where check was accepted. Must be SLO County)</i>	
Contact Person:			Title:	Phone:	
Business Owner Name and Address:				Phone:	
WITNESS INFORMATION <i>(Person who accepted check from suspect)</i>					
First/Last Name:		Address:		Phone:	
Yes	No		Yes	No	
		Did acceptor of this check write or circle suspect ID and license expiration date?			Was this a rent check? If so, please attach copy of rental agreement.
		Did acceptor of this check witness the check writer signing the check?			Is this a payroll check?
		Has partial restitution been accepted? If yes, please explain on back.			Was the check deposited twice?
		Can the person who accepted the check identify the suspect?			Was there a stop payment on the check?
		Did the person who received the check know the suspect?			Was the check accepted through the mail?

- Checks NOT Accepted:**
- Post-dated Checks
 - Counterfeit, Forged, or Altered Checks
 - Checks passed outside of San Luis Obispo County
 - Checks Not Deposited through the bank twice
 - Checks held for an agreed time
 - Two-Party Checks

What efforts were made to contact the suspect to clear check? Please list dates, methods and results: (Use reverse side if necessary) _____

This check is submitted for criminal prosecution. I agree not to accept any restitution from the suspect or his/her agent. I certify that this report is true, accurate, and complete to the best of my knowledge.

Date: _____ Signature: _____

[DO NOT ACCEPT DIRECT RESTITUTION FROM THE SUSPECT]