

CHAMPAIGN POLICE DEPARTMENT DECEPTIVE PRACTICES COMPLAINT FORM

Administrative Use Only

Classification	Statute Number	Crime Code	Report Number	
Date and Time Reported		DOW	Date and Time Occurred	DOW
Reporting Officer		Badge Number	Control Number	Beat
Bias				

THE FOLLOWING QUESTIONS/INFORMATION MUST BE PROVIDED, AS SPECIFIED, FOR ANY FURTHER ACTION TO BE TAKEN. ATTACH ORIGINAL CHECK(S), AND ALL ORIGINAL, RELEVANT DOCUMENTS. ONE (1) FORM MUST BE COMPLETED FOR EACH CHECK. DELIVER, IN PERSON, TO THE CHAMPAIGN POLICE DEPARTMENT, 82 E. UNIVERSITY AVE, CHAMPAIGN, ILLINOIS.
PRINT LEGIBLY OR TYPE THE REQUIRED INFORMATION

BUSINESS INFORMATION-ALL INFORMATION MUST BE PROVIDED

Name of Business	Address (Number, Street)	Business Phone
Owners Name ()Private ()Corp.	Address (Number, Street)	Phone Number
Manager/Contact person	Address (Number, Street)	Phone Number
Type of Business	Business Days and Hours	Name of Person Authorizing Complaint

PERSON WHO ACCEPTED THE CHECK – ALL INFORMATION MUST BE PROVIDED

Name (Last, First, M.I.)				Address (Number, Street, City, State, Zip)		Phone Number	
Race	Sex	Date of Birth	Age	How Long Employed, Position	Work Hours	Days Off	

- I do not recall accepting the check, but the data on the check is in my handwriting.
- I recall accepting the check, data on the check is in my handwriting, but I do not remember the suspect, and cannot identify the suspect.
- The data on the check is in my handwriting, I recall accepting the check, and can POSITIVELY identify the suspect.

I, _____, EMPLOYEE OF _____,
SIGNATURE OF PERSON ACCEPTING CHECK BUSINESS NAME

HEREBY VERIFY, THAT IN THE COURSE OF MY DUTIES, I DID ACCEPT THE ATTACHED CHECK FOR PAYMENT OF LISTED GOODS/SERVICES, I RECORDED ALL PERSONAL IDENTIFIERS OF PERSON PRESENTING CHECK, AND CERTIFY THAT ALL INFORMATION PROVIDED BY ME IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

SUSPECT/CHECK PRESENTER INFORMATION

Account holder (Last, First, M.I. for individual, Business name for Business)		Phone Number	
Address (Number, Street, City, State, Zip)		Date of Birth	Race
		Sex	
Type of Identification(s) Presented		Identification Number(s)	

CHECK INFORMATION – ALL INFORMATION MUST BE PROVIDED

Date and Time Presented	Bank/Institution Drawn On		Address (Number, Street, City, State)
Account Number	Check Number	Amount of Check	Goods/Services Received (Attach Receipts)
Date presented and returned from your bank (NSF and Closed Account)		Date Presented and Returned Second Time (NSF Only)	
Date (Certified Mail) Demand Letter Sent, and Reply, if any. (Attach copies of letter, Certified Mail Receipt)			

List any other steps taken to collect on this check, correspondence, phone calls, contacts, with dates and times.

1. Were arrangements made for payment(s) on check, but the person has defaulted? Yes No
 2. Did the person request that the check be held to a specified date? Yes No
 3. Was the check accepted “Post Dated”? Yes No
 4. Did person “Stop Payment” on the check? Yes No
 5. Check was returned marked Insufficient Funds/NSF Account Closed No Account Exists
- IF ANY OF THE ABOVE QUESTIONS WERE ANSWERED “YES”, IT MAY BE A CIVIL MATTER, AND WILL NOT BE INVESTIGATED. EXPLAIN THE “YES” BELOW.**

SIGNATURE OF PERSON PROVIDING INFORMATION _____
DATE AND TIME _____

SIGNATURE OF PERSON RECEIVING EVIDENCE _____
DATE AND TIME _____

EVIDENCE RECEIVED (Administrative Use Only)
