

**Charlestown Police Department**  
**Bad Check Complaint**

**Statement of Complaining Witness**

I, \_\_\_\_\_, voluntarily without threats or promises make the following statements.

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Business Occupation: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

On \_\_\_/\_\_\_/\_\_\_, \_\_\_\_\_, presented check # \_\_\_\_\_  
(Name of the writer)

in the amount of \$ \_\_\_\_\_ to \_\_\_\_\_  
(Business)

located at \_\_\_\_\_, Charlestown, RI 02813, as payment for merchandise and or services.

The check(s) were drawn on \_\_\_\_\_ and returned with the following notation, \_\_\_\_\_.

On \_\_\_/\_\_\_/\_\_\_, a certified letter was sent to \_\_\_\_\_  
(Check writer)

\_\_\_\_\_ used the following identification to issue.  
(Name of check writer)

\_\_\_\_\_  
(License ID#) (State) (DOB) (Social Security #)

The person or cashier who accepted the check was \_\_\_\_\_.

I request the **Charlestown Police Department** investigate this complaint and to prosecute in accordance with the statues of the State of Rhode Island.

\_\_\_\_\_  
(Complainants Signature) (Date) (Investigating Officer)

**No complaint will be accepted unless this form is entirely completed and accompanied by the check and the certified letter / return receipt requested is attached**