



Police Department

Edward A. Flynn
Chief of Police

TO WHOM THIS MAY CONCERN:

This packet contains the forms necessary for you to file a **FORGERY** complaint under Wisconsin State Statute 943.38 with the Milwaukee Police Department. **ONLY** those incidents occurring **WITHIN** the City of Milwaukee will be accepted.

It is important that all forms are complete, accurate, and legible. Typing or printing is encouraged except where otherwise instructed. We suggest that you **telephone** the White Collars Crime Unit to clarify any questions, and to set up an **appointment** to file the complaint. Telephone calls should be made between 8:30a.m. and 3:00p.m., Monday through Friday. **FORMS ARE NOT ACCEPTED BY MAIL**

After completing all of the forms, call 935-7387 to **make an appointment** to bring this complaint to the Milwaukee Police Department White Collar Crimes Unit. The address of the White Collar Crimes Unit is 951 N. James Lovell Street (formerly N. 7th Street), Room 304

NOTE:

1. PRINT OR TYPE ALL INFORMATION EXCEPT SIGNATURES.
2. Forged documents should be placed inside a plastic or paper envelope.
3. Signed affidavits **MUST** BE NOTARIZED.

MILWAUKEE POLICE DEPARTMENT FORGERY WORKSHEET
You must fill out a separate worksheet for each document submitted

To file this complaint, you must provide all of the following:

1. The original forged check, sales draft, or other document;
2. The list of persons involved;
3. The incident summary.
4. The original affidavit;

This is a:

Check credit card sales draft money order other _____

Reported for: _____ Phone: _____
Business name Business

Address: _____
Business address, city, state, zip code

Reported by: _____ Phone: _____
Your name Date of birth Home phone

Address: _____ Occupation _____
Your home address, city, state, zip code

ALL SPACES MUST BE FILLED IN

1. Date and time item was first presented: _____
2. Address where item was presented: _____
3. Name of person who accepted item: _____
4. Home address of person who accepted item: _____
5. Was a store check cashing card filled out? No ___ Yes ___ (If yes, attach the card)
6. Was the item endorsed/signed in someone's presence? No ___ Yes ___
If yes, who? _____
7. Account holder _____ Type of credit card _____
8. Card/check number _____ Amount \$ _____
9. Name of passer (suspect) if known: _____
10. Address of passer: _____ phone _____
11. Suspect description: Race _____ Sex _____ Age _____ DOB _____
height _____ weight _____ build _____ hair color _____ eye color _____
other features: _____
12. Type of identification used (include number): _____
13. Can suspect be identified? No ___ Yes ___ By whom? _____
14. Identifier's address: _____ Phone _____ DOB _____
15. Is a vehicle involved? No ___ Yes ___ Description & license _____
16. Security photo or video taken? No ___ Yes ___ If yes, include photos/video
17. Was fingerprint taken? No ___ Yes ___ By whom? _____
18. Was a theft (of check, card, etc.) complaint filed? No ___ Yes ___ # _____

I understand that I agree to prosecute this matter regardless of any payment or restitution to me or my business; and that this complaint must be filed in person or by designee.

your signature,

your position/title,

date

PERSONS INVOLVED

Supply the following information about everyone listed on the previous page, including, but not limited to: you - the person filling out this report; ALL witnesses; the person who accepted the check; the suspect; any accomplices; the account holder; any other persons having information concerning this offense. Provide all information you can reasonably obtain, and fill in all spaces if at all possible. If this section is not filled out, the complaint will NOT be accepted.

Name _____ DOB _____ Home phone _____
Home address, city, state zip code _____
Employer _____ Work phone _____
Work address, city, state zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state zip code _____
Employer _____ Work phone _____
Work address, city, state zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state zip code _____
Employer _____ Work phone _____
Work address, city, state zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state zip code _____
Employer _____ Work phone _____
Work address, city, state zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state zip code _____
Employer _____ Work phone _____
Work address, city, state zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

Name _____ DOB _____ Home phone _____
Home address, city, state zip code _____
Employer _____ Work phone _____
Work address, city, state zip code _____
How involved? (owner, teller, cashier, suspect, etc.) _____

INCIDENT SUMMARY

(In this section, type or legibly print a telling of what occurred, in the chronological order in which it occurred, including who did what, who observed what, who heard what, and what happened. Also include information documenting what you learned about the incident, and how it is that you know that [example: if you know the suspect is Jane Doe because you showed a security video to the account holder, who said "That's my friend Jane Doe!", include that information. Do not make a guess how you know it, or have us duplicate what has already occurred in the investigation]. Use as many sheets as necessary to provide this information. IF THIS PAGE IS NOT FILLED OUT LEGIBLY, YOUR COMPLAINT WILL NOT BE ACCEPTED.)

AFFIDAVIT OF

Forged maker Forged endorsement Altered check
 Fraudulent deposit Financial card non-use Fraudulent transaction
 Other (describe) _____

STATE OF WISCONSIN

COUNTY OF _____ :SS

I (we) am (are) _____ and reside at
_____, phone number _____,
in the city of _____, state of _____,
being duly sworn, and under penalty of perjury (§ 946.31) or false swearing (§ 946.32),
declare that my (our) account number is _____ from the financial
institution _____, and that this account is a checking /
 savings / equity / credit card / debit card account. I (we) further
declare that I (we) did not make / endorse / deposit / authorize the
 check / draft / transaction, nor authorize any other person to so do,
which occurred

Date	Amount	Number	Drawn by (maker/terminal)	Drawn on	Payable to
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

and that any signature / endorsement / authorization is a forgery. I (we)
further swear / affirm that I (we) have received no benefit or proceeds directly or indirectly
through the payment of said document or transaction, and that said instrument was
 lost / stolen on (date) _____ In the following manner: _____
_____ in/at (location) _____

By affixing my (our) signature(s) to this document I (we) agree to fully cooperate with all
federal, state, county, or municipal law enforcement agencies, and to appear and to testify,
as needed, in criminal court; and that failure to cooperate or testify as needed may be
grounds for any financial institution to dishonor this affidavit. I (we) also authorize the
release of any financial records on my accounts to the investigating law enforcement
agency where necessary to further the investigation, and that a true copy of this affidavit
may be accepted by said institution(s) as a proper release form.

_____(SEAL)
Subscribed and sworn to before me by the above signed _____
on this _____ day of _____, 2001.

Notary Public _____ County, Wisconsin
My Commission Expires _____