State of Wisconsin
County of Milwaukee
Criminal Complaint

MILWAUKEE POLICE DEPARTMENT
ISSUE OF WORTHLESS CHECK REPORT

Case No.: _____ File No.: _____

COMPLAINING WITNESS

Your Name: _____ ___/___ Date of Birth: ___/___/___
Last First M.I. Race Sex

Home Address: _____ Home Phone: ( ) _____
City State Zip

Business Name: _____ Employee ☐ Owner ☐

Business Address: _____ Bus. Phone: ( )_____
City State Zip

The information given in this complaint is true and correct to the best of my knowledge and I intend to fully cooperate with the investigation and prosecution of this matter, if so requested.

Complainant's Signature: _____ Date: ___/___/___

WITNESS WHO *PERSONALLY RECEIVED* CHECK

☐ **Same as above**
(If so, skip to next section)

Name: _____ ___/___ Date of Birth: ___/___/___
Last First M.I. Race Sex

Home Address: _____ Home Phone: ( )_____
City State Zip

Employment Title: _____ Bus. Phone: (___)_____ Can Identify Suspect? Yes ☐ No ☐

COMPLAINT CHECK INFORMATION

If you have more than one check written by the same person, select the check with the best identification, largest amount, etc. and provide the following information from that check (additional checks can be listed on the back of the *Check Writer's Information* report (Form PI-33A).

Name of Check Writer: _____ ___/___ Date of Birth: ___/___/___
Last First M.I. Race Sex

Address Printed on Check: _____ Phone: ( ) _____
City State Zip

Account Name Printed on Check: _____ Date Written on Check: ___/___/___

Check No.: _____ Check Amount: $_____ Bank / S&L Check is Drawn on: _____

Address Where Check Was Presented: _____ Date/Time Check Was Accepted: _____