

Credit/Debit Card Abuse Complaint Form

Royse City Police Department – Criminal Investigations Division

I. Victim – This person or business MUST be the one suffering financial loss					
Name:					
Race:	Sex:	Date of Birth:	Phone:		
Residence address:					
City:	State:	ZIP Code:			
Business address:					
City:	State:	ZIP Code:			
E-mail Address:				Alt. Phone:	
II. Reporting Person – if other than Victim					
Name:					
Race:	Sex:	Date of Birth:	Phone:		
Residence Address:					
City:	State:	ZIP Code:			
Title/Position:	E-mail Address:				
III. Offense Location – where credit/debit card was used (must be in Royse City)					
Business Name:					
Address:					
City:	State:	ZIP Code:	Phone:		
Date of Offense:	Time of Offense:	Surveillance Video Available ? Yes No			
IV. Credit/Debit Card Information					
Card Number:	Name on Card:	Issuing Bank:			
V. Witness – person to whom credit/debit card was presented					
Name:					
Race:	Sex:	Date of Birth:	Phone:		
Residence Address:					
City:	State:	ZIP Code:			
Title/Position:	E-mail Address:				
VI. Suspect					
Name:					
Race:	Sex:	Date of Birth:	Phone:		
Residence Address:					
City:	State:	ZIP Code:			
Identification Presented (number and type):				Can Witness identify Suspect? Yes No	
Distinguishing features:					
Vehicle Make:	Model:	Color:	Year:	License/State:	
VII. Narrative – attach additional pages as needed					