

FINANCIAL CRIME REPORT PACKET

This packet is designed to streamline the process for reporting all Financial Crime offenses. This includes Credit/Debit Card Abuse, Check Forgery, Fraudulent Use of Identifying Information and other forms of Identity Theft.

Each business involved in the crime will have different policies and procedures. This packet is an attempt to cover all needs for both the investigators and the businesses involved. Investigative needs may include obtaining video evidence before it expires, therefore it is critical that this report be completed in its entirety and submitted as quickly as possible.

CHECKLIST

The following items are needed in order to proceed with any Financial Crime case. The Roswell Police Department can only accept a Financial Crime report if the offense occurred in the City of Roswell or the victim is a resident of the City of Roswell.

Instructions for the completion of this packet begin on the next page. Please collect each of the required items, place them in the packet, and initial next to each item collected.

REQUIRED ITEMS	VICTIM INITIALS	DATE
Completed Financial Crime Supplemental & Transaction page, if applicable		
Copy of account statement bearing the victim's name and full card/account number or ID		
Completed victim/witness statement describing, in detail, what occurred		
Signed Release of Information Form		



INVESTIGATIVE PROCESS

- Once a completed packet is received, it will be reviewed by a Detective. If it is
 determined that the offense occurred in another jurisdiction, the case will be forwarded
 to that agency.
- Investigators will attempt to obtain surveillance video of the offense, if it is available.
 Prompt completion of this report is critical, as most businesses do not keep surveillance video for an extended period of time.
- Copies of account statements, documents, and other personal information will not be publicly released and will remain secure at the police department. These documents are necessary for prosecution, as a paper trail to offenders is critical in this investigation.

ADDITIONAL INFORMATION

- We recommend that you check your credit report activity and place a fraud alert with
 one, or all of the three major credit reporting agencies, to determine if additional
 accounts have been opened using your personal identifying information.
 - o Equifax: www.equifax.com (1-888-766-0008)
 - o Experian: <u>www.experian.com</u> (1-888-397-3742)
 - o Trans Union: <u>www.transunion.com</u> (1-800-916-8800)
- You may also report online crimes to the FBI Internet Crimes Complaint Center:
 <u>www.ic3.gov</u>. This is designed for those who have fallen victim to an Internet crime, and is especially useful if you were scammed into sending money overseas.
- If you are the victim of Identity Theft and your Federal Tax information is involved, you should also visit the IRS website: www.irs.gov/identity-theft-central.
- We recommend that you record the names of everyone you have contacted at your financial institutions, and include these names and contact information in your written statement.



RPD Report Number: (to be provided by PD persons)			Date Co	ate Completed:			
Victim or Reporting Pers	son: (Last, Fir	st, Middle)		Home Phone:			
Address, including City,	State & Zip:			1			
Email:		Cell Phone	ne: Work Phone:				
Date of Birth:	Race/Sex:	1	Driver's License	Number	& State:	Social Sec	curity Number:
	Complete t	:his block f	or CREDIT/DEB	IT card	fraud, if app	plicable.	
Bank Name:	•		·				
Complete Card/Account	Number:						
Visa MasterCard	American I	-	Other:			Credit	Debit Card
If debit transaction, how	w PIN may na	ve been obt	ained:				
List the unauthorized tr	ansactions on	the next pa	ige.				
Complete this	block for C	HECK FORG	GERIES / UNAUT	ΓHORIZ	ED ACH trar	nsactions, if	f applicable.
Bank Name:							-
Account Number:							
List the unauthorized tra	ansactions on	the next pa	ige.				
C	omolete this	block for	other forms of I	DENTIT	VTHEET if	annlicable	
Name and address or w	-				=	аррисавіс.	
Describe what ID information was used (Name, address, SSN, email, etc. Be specific if different from listed above):							
Describe how ID inform	ation was use	ed (Example	: Opened credit ca	ard with I	Bank of):		
Account number(s), if a	pplicable:						



TRANSACTION PAGE

There are **two** dates and times associated with most transactions. One is a **transaction** date/time; this is what would be printed on the actual receipt and documents when the purchase was made. The other is the **posted** date/time. This is when the purchase was verified by your bank and "officially" cleared the bank. The **posted** date/time is also what appears on your bank statement, either printed or electronic.

We need the transaction date/time and actual address, or at least the business location and/or store number, in order to get surveillance video for prosecution. You may have to contact your bank/credit card company to get the transaction dates/times.

Transaction Date/Time	Address, Store Number or Web Address	Amount
	Transaction Date/Time	Transaction Date/Time Address, Store Number or Web Address Address, Store Number or Web Address



YOUR STATEMENT OF WHAT OCCURED

Name:	Date:
_	
Statement:	

39 Hill Street, Roswell, GA 30075 www.roswellgov.com/police

Signature: ___



RELEASE OF PERSONAL/FINANCIAL INFORMATION

Date:			
To Whom It May Concern,			
Ι,	, have file	d an official police report with the	e Roswell Police
Department, report number		·	
In order to assist with that inve	estigation, I auth	norize	to
release all personal and financi	ial information re	elated to the investigation, directl	ly to the Roswell
Police Department – Criminal I	nvestigations Di	vision. That information may incl	ude account
numbers, credit/debit card nur	nbers, transactio	on dates and times, transaction lo	ocations,
transaction receipts, fraud affic	davits, original o	r copies of checks, shipping infor	mation,
surveillance video, and any oth	ner investigative	information as requested by the	Roswell Police
Department.			
I authorize direct contact with	your company/e	entity by the Roswell Police Depar	tment –
Criminal Investigations Division	n, regarding my	case.	
Signature	Date	Witness Signature	Date
Print Name		Print Name	



SUBMISSION OF INFORMATION

Digital: Since time is a factor in these investigations, it is preferred that you submit your information digitally. A detective will provide instructions regarding how to securely submit this form electronically.

If this is not possible, you may:

Fax: 678-214-7255 (please include report number)

Deliver In Person: Roswell Police Department

Attn: Criminal Investigations Division 39 Hill Street, Roswell, GA 30075

Open Monday-Friday, 9:00 AM - 5:00 PM

ROSWELL POLICE DEPARTMENT USE ONLY

Received Date:	Time:	
Received By:		
PDD Penort Number		