

Swindle Complaint Form

Dallas Police Department – Financial Investigations Unit

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 (must be in Dallas)					
Business Name:					
Address:					
City:		State:		ZIP Code:	Phone:
Date of Offense:		Time of Offense:		Surveillance Video Available? Yes No	
IV. Monetary Loss					
Amount:		Paid in (cash, check, etc.):			
V. Witness					
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					