

BAD CHECK COMPLAINT QUESTIONNAIRE

Bowling Green City Prosecutor's Office
711 S. Dunbridge Rd.
Bowling Green, Ohio 43402
(419) 354-6285

A. COMPLAINANT

Business Name _____
Complainant's Name _____
Business Street Address _____
City, State, Zip _____
Business Phone _____ Home Phone _____
Position/Days & Hours Worked _____

B. ACCUSED

Name (include MI if known) _____
Street Address _____
City, State, Zip _____
Home Phone _____
Social Security No. _____ Date of Birth _____
Ohio Lic. #: _____

C. INCIDENT

Check Number/s _____
Amount/s _____
Date on Check/s _____
Location where check was passed _____
Bank on Check/s _____ Reason for Return _____
Names appearing on check _____
Signature on Check _____
Name of person who gave check _____
Name of person who accepted check _____
Was Identification Required? _____ If So, what type? _____
Service Charge per check _____

D. CONTACT

Please list on back of this form any contact you've had with the accused.

Date: _____

Signature of Complainant