Individual's Complaint Form
Credit Card / Debit Card Abuse

Irving Police Department – Financial Crimes Unit
305 N. O'Connor Rd., Irving, TX 75061
972-721-2535

This form is for individuals who have had their credit card or credit card number used to make fraudulent transactions.

***** This information must be complete or the form will be returned to you. *****

Today's Date: _____ **Report Number:** _____
IPD USE ONLY

Account Holder's Name: _____

Race: __ **Sex:** __ **Date of Birth:** _____ **Driver's License Number:** _____

Home Address: _____

Home Phone: _____ **Cell Phone:** _____

Business Name/Address: _____

Business Phone: _____

Credit Card Company	Credit Card Number

Please list the fraudulent charges that were made in Irving. We will not accept reports involving charges that were made outside of Irving.

Date	Merchant Name	Address	Amount

AFFIDAVIT

I hereby declare under penalty of perjury the following facts about this case:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I declare all the provided information in this affidavit is true and accurate to the best of my knowledge. I understand making a false statement is a violation of Texas Penal Code 37.08 and that I may be prosecuted if it is determined that any portion of this affidavit is knowingly false.

_____ **(Signature of Affiant)**

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF_____

_____ **(Signature of Notary Public)**
(SEAL) IN AND FOR THE COUNTY OF DALLAS STATE OF TEXAS

_____
EXPIRATION DATE