



### Merchant's Complaint Form for Credit Card Abuse

Irving Police Department – Forgery Unit  
305 N. O' Connor Road, Irving, Texas 75061  
972.721.2535



This form is for credit card abuse charges. An original receipt with signature or best available copy with signature must be presented. **A separate form must be completed for each charge presented. \*\*This information must be complete.\*\***

**In order to report on-line charges, merchandise must be/have been shipped to Irving.**

**Today's Date:** \_\_\_\_\_  
Complainant (Business or Person Suffering Financial Loss): \_\_\_\_\_  
Complainant's Business Address: \_\_\_\_\_  
Complainant's Business Phone: \_\_\_\_\_  
Reporting Person for Complainant: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Reporting Person's Work Address: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Was credit card presented**  in store (address \_\_\_\_\_) or  
 online (IP address \_\_\_\_\_)?  
**Date credit card was passed:** \_\_\_\_\_ **Time credit card was passed:** \_\_\_\_\_  
**Witness** (Person who accepted credit card): \_\_\_\_\_  
**Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Witness Job Title :** \_\_\_\_\_  
**Does witness still work for complainant:**  Yes (address) \_\_\_\_\_  
(work phone) \_\_\_\_\_  
 No  
**Witness Home Address:** \_\_\_\_\_  
**Witness Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_  
**Can Witness Identify The Suspect?**  Yes: \_\_\_\_\_  
 No

Name given at time of charge: \_\_\_\_\_  
Why was credit card rejected? (attach forgery affidavit if applicable):  
 Counterfeit/Fraudulent Card  Forgery  Lost/Stolen  
Account Holder Name: \_\_\_\_\_  
Account Holder Address: \_\_\_\_\_  
Account Holder Phone: \_\_\_\_\_  
Does Account Holder know suspect:  Yes (how?) \_\_\_\_\_  No

**Address merchandise was delivered to:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Delivery Method:**  UPS  USPS  DHL  FedEx  Other \_\_\_\_\_  
**Tracking Number:** \_\_\_\_\_  
**Date merchandise signed for or dropped off:** \_\_\_\_\_  
**Signed for by whom?** \_\_\_\_\_

**Phone number given:** \_\_\_\_\_  
**Suspect Description:** **Race:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Hair:** \_\_\_\_\_  
**Suspect Vehicle:** **License Plate/State:** \_\_\_\_\_ **Year:** \_\_\_\_\_  
**Color:** \_\_\_\_\_ **Make:** \_\_\_\_\_ **Model:** \_\_\_\_\_

Video/Photo of suspect available?  Yes  No (Please include disk or photo with this form if available)  
Additional Information:  
\_\_\_\_\_  
\_\_\_\_\_

