



James P. Campbell
Chief of Police

JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue, Jamestown, RI 02835

Tel: (401) 423-1212 Fax: (401) 423-3710

www.jamestownri.net/police



CHECK COMPLAINT PROCESS

1. Complaints filed with the Jamestown Police Department will be for PROSECUTION and NOT FOR COLLECTION.
2. Checks received in another jurisdiction, post dated checks and second party checks WILL NOT BE ACCEPTED.
3. The person cashing the check must produce proper identification such as a valid operator's license. The police cannot successfully prosecute without positive identification. DATE OF BIRTH IS REQUIRED.
4. It is required that prior to filing a complaint, the check writer has to be contacted and informed of the check by CERTIFIED (RETURN RECEIPT REQUIRED) LETTER, at the writers last known address. The writer is to be informed that he/she has seven (7) days to make restitution. At the end of this period a report will be taken by this department. If the letter is not deliverable at the writers last known address the complainant must sign an affidavit (notarized) stating that the person does not reside at that address. If this is not done the Court will dismiss the case.
5. The person receiving the check must be willing to testify in Court in the event that the defendant wants a trial. If the person receiving the check fails to appear in Court after being notified, the case will be dismissed and the check returned to the complainant.
6. If a check is returned "stolen", "forged", etc. a complaint may be filed immediately.
7. All complaints will be filed in person and will be accompanied by a return completed Complaining Witness Statement. All original checks, return receipts, and a copy of the certified letter must accompany the statement.
8. All complaints must be filed WITHIN 45 days of the offense. It is important that once a check is returned from the bank for stated reasons, the above steps to be taken immediately.
9. If you have any questions or concerns you may contact the Jamestown Police Department Detective Division at 401-423-1212.



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Check Complaint Statement of Complaining Witness

I, _____, voluntarily and without threats or promises, make the following statements.

My name is: _____ Date of birth: _____

My address is: _____

Home phone #: _____ - _____ - _____ Cell phone #: _____ - _____ - _____

On _____, _____ presented check(s) #: _____
Date check received Name of person who wrote the check

in the amount(s) of \$ _____ made payable to _____,

located at _____, as payment for goods and/or

services rendered. The check(s) was drawn on _____, and returned with the
Name of bank check issued by

following notation: _____ . On _____ a certified
Insufficient Funds / Account Closed / etc... Date certified letter sent

letter was sent to _____ . As of the date of this complaint the total
Name of person who wrote the check

amount of \$ _____ is still due. _____ used the following as
Name of person who wrote the check

identification when presenting the check for payment:

_____/_____/_____/_____
Type of ID (ie driver's license) ID / License # State ID from Date of birth on ID

The person or cashier who accepted the check was _____

I request the Jamestown Police Department investigate this complaint, and to prosecute in accordance with Rhode Island General Laws.

Complainant's Signature

Date

This form must be completed in its entirety, and submitted along with the original certified letter return receipt.