

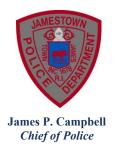
## JAMESTOWN POLICE DEPARTMENT

250 Conanicus Avenue, Jamestown, RI 02835 Tel: (401) 423-1212 Fax: (401) 423-3710 www.jamestownri.net/police



## **Credit Card Fraud Complaint**

Name:		Date of Birth:	
Address:	City	State	Zip
Home Phone:			•
Credit Card Issuing Bank:			
Credit Card Number:			
Names of everyone authorized t	o make charges on this accoun	nt:	
List of Fraudulent Charges: <b>DATE</b> 1	LOCATION	AMOUN	NT
Fraudulent Charge(s) Total: \$			
		· a Dyra	
Did you lose your credit card bef		ions? YES	∐NO
Have you ever lost this credit car		1 6 11 4	10
Have you ever shopped at any of	the locations where your card	d was fraudulently us	ed?
☐ YES ☐ NO			
• -	YES NO		
f so where:			



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Did you use this credit card while traveling? YES NO
Did you report the fraudulent charges to the credit card company? $\square$ YES $\square$ NO
Do you know/suspect who may have used your credit card:
Note:
If the fraudulent charges on your credit card occurred at a physical location / store outside the Town of Jamestown you must contact the police department where the charges occurred and file a criminal complaint. The Jamestown Police Department cannot investigate criminal offenses which occur outside out jurisdiction.
If the fraudulent charges on your account occurred online or you do not know where they occurred you may file your criminal complaint with the Jamestown Police. If during our investigation we determine the fraudulent charges occurred outside the Town of Jamestown we will forward your complaint to the appropriate law enforcement agency.
Required Documents:
Credit/debit card statement showing fraudulent transactions
Written statement

The above documents must be submitted at the time this report is filed.