

San Antonio Police Department

SAN ANTONIO

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POLICE

White Collar Crime Detail 315 S. Santa Rosa San Antonio, TX 78207 (210) 207-4481 (210) 207-4099 FAX

Criminal Complaint Packet

The White Collar Crime Detail is res	sponsible for investigating your criminal complaint, documented
under case # SAPD S	Specific and detailed documentation is required to prosecute cases
of this nature. This packet is a guide t	to ensure a satisfactory case can be presented to the Bexar County
District Attorney's Office for review a	and possible prosecution.

The information contained herein is the *minimum* required for indictment. More information may be requested after initial review by the handling detective. All forms contained within this packet, which are applicable to your criminal complaint, need to be completed and returned in a timely manner. Unnecessary delays in submitting documentation may jeopardize your criminal case and result in the investigation being closed. It is imperative to return this completed packet as soon as possible to the detective assigned to your case. Accuracy, completeness, and legibility of documents are of the utmost importance.

Prior to gathering documentation, it is <u>highly recommended</u> you conduct a review of your business files and reconcile your accounts. This will prevent submitting documentation prematurely, only to determine later the crime is more severe than originally known.

Many of the cases investigated by the White Collar Crimes Detail have a civil component. We recommend you consult with an attorney to determine your legal rights and civil remedies regarding this matter prior to filing a criminal complaint.

The included **DOCUMENT CHECKLIST** will assist you in compiling the necessary information. Attach <u>photocopies</u> of all related contracts, invoices, reports, and other documents which are relevant. You will need to provide two copies of your documentation, one <u>unmarked</u> copy to be used for court purposes and a second copy in which you highlight and/or make notes regarding pertinent areas. In most cases, you may also provide documentation in a digital format (CD or flash drive).

The "Victim / Witness Information Form" must be completed for each individual who can offer testimony in this matter.

Once you have completed the attached forms, please contact the detective assigned to your case in order to submit the information. Upon receipt of the complaint packet, it will be reviewed and you will be contacted.

Thank You.

White Collar Crime Detail San Antonio Police Department

Criminal Complaint Forms

This complaint packet will assist you to initiate an investigation into violations of the laws of the State of Texas.

INSTRUCTIONS

- 1) TYPE OR PRINT LEGIBLY.
- 2) The attached forms must be complete and accurate to properly evaluate your case for criminal prosecution.
- 3) Any sections which are not applicable to your case must be noted with "N/A".
- 4) **Victim Statement:** Describe the facts of the complaint, in the order in which they occurred. Include details that describe who, what, when, where, how and why this incident happened. Reference and explain all documentation submitted and describe each witness and their involvement. The victim statement form is located on page 7. Photocopy the page as needed. A *Statement Information Supplement*, included on page 9, must accompany all written statements. The victim statement you provide must be an **original and signed** document.

Witness Statement: Written statements of witnesses are crucial to an investigation. A witness statement is required from each individual that has knowledge of the crime committed. The witness statement form is located on page 8. Photocopy this page as needed. A *Statement Information Supplement*, included on page 9, must accompany all written statements. Witness statements you provide must be **original and signed** documents.

5) The *Business Records Affidavit*, located on page 4, must be completed whenever you provide a copy of records you have maintained, or when you obtain records from a third party source, such as an outside vendor or other company.

You, yourself, complete the *Business Records Affidavit* when you have been the custodian of evidentiary records which are kept during the normal course of business and you can attest to their authenticity. If you obtain records from a third party source, please ask their custodian of records to complete the *Business Records Affidavit* and include it with their records.

Without a *Business Records Affidavit* showing the authenticity of records, they will not be accepted as evidence. If you have unreasonable difficulty obtaining a *Business Records Affidavit*, or have any questions related to use of the form, please contact our office at 210-207-4481.

- 6) <u>All statements must be signed and notarized if possible</u>. If assistance is needed with a notary, please contact our office at 210-207-4481.
- 7) Upon completion, forward the packet and all required information, either by mail or in person, to:

San Antonio, TX 78283-9948

Mailing address: San Antonio Police Department
White Collar Crime Detail
P.O. Box 839948

Physical address: 315 S. Santa Rosa
San Antonio, TX 78207

DOCUMENT CHECKLIST

	DOCUMENT SUBMITTED:	IES	NO	. IN/A
1	Copy of entire employee file; applications, W2, 1099 forms, discipline history			
2	Copy of Suspect's time cards and schedule, showing days off, vacation, and/or sick days			
3	Copy of at least 4 payroll checks (front & back) and/or direct deposit payroll information			
4				
5	Copies of company policies/procedures related to employee's handling of money			
6	Copies of bank records & BUSINESS RECORD AFFIDAVIT for the business account			
7	Copies of check register log, cash disbursements log, and/or affected accounts payables/receivables			
8	Copies of checks, invoices, or purchase orders related to the act			
9	Copies of affected beginning and ending product inventories for years in which the acts took place			
10	Any surveillance video depicting all related transactions			
11	ORIGINAL statement from Complainant and Witnesses			
12	ORIGINAL statement/confession of suspected employee			
13	An audit of the records to establish the amount of loss with an attached spreadsheet			
14	Business records affidavit (pg. 4)			
15	Information regarding reimbursement from an insurance company and contact information			
16	Copy of procedure for establishing computer logon and establishing a password			
17	Other information here			
18	Other information here			
19	Other information here		L	
20	Other information here			
	the documents listed above, where copies only are requested, list the person who is in cus	tody	an	d
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THE STATE OF	
COUNTY OF	

BUSINESS RECORDS AFFIDAVIT

Before me, the undersigned authority, personal	lly appeared, who, being by me duly sworn,
deposed as follows:	(Afriant Name)
My name is, I am of sound mine acquainted with the facts herein stated:	d, capable of making this affidavit, and personally
I am the custodian of the records of (Company/Entity Name) (Company/Entity Name)	Attached hereto are pages of records
	in the regular course of business, and it was the y/Entity Name)
regular course of business of for an e	employee or representative of, with (Company/Entity Name)
	sis, recorded to make the record or to transmit information
thereof to be included in such record; and the record w thereafter. The records attached hereto are the original	·
	AFFIANT
SWORN TO AND SUBSCRIBED before me of	on the,
ST	OTARY PUBLIC, TATE OF otary's printed name:
My commission expires:	

Victim / Witness Information Form

Victim information

, 1001111 11110 1 11110 1 1 1 1 1 1 1 1		
Name:	Title:	
Sex: M F	Race:	Birth date:
Home Phone:		Cell Phone:
Home Address:		
Business Phone:		Fax:
	1	
Witness #1 information		
Name:	Title:	
Sex: M F	Race:	Birth date:
Home Phone:	,	Cell Phone:
Home Address:		•
Business Phone:		Fax:
		<u>'</u>
Name: Sex: M F	Race:	Birth date:
Home Phone:	+ + +	Cell Phone:
Home Address:		Cen ruone:
Business Phone:		Fax:
business i none.	<u> </u>	rax.
Witness #3 information		
Name:	Title:	
Sex: M F		Birth date:
Home Phone:		Cell Phone:
Home Address:		
Business Phone:		Fax:
_	<u> </u>	'
If more space is needed to	document witness infor	mation, please photocopy this sheet.
•	al witness information p	1 17
	1	-

Suspect Information Form

Suspect #1 information		
Name:	Title:	
Alias Names:		
Sex: M F F	Race: Birth date:	
Height:	Weight:	
Physical Characteristic	es:	
Drivers License:	Social Security #	
Home Phone:	Cell Phone:	
Home Address:		
C		
Suspect #2 information	(D)41	
Name:	Title:	
Alias Names:	D	
	Race: Birth date:	
Height:	Weight:	
Physical Characteristic		
Drivers License:	Social Security #	
Home Phone:	Cell Phone:	
Home Address:		
G		
Suspect #3 information	mu.	
Name:	Title:	
Alias Names:		
	Race: Birth date:	
Height:	Weight:	
Physical Characteristic		
Drivers License:	Social Security #	
Home Phone:	Cell Phone:	
Home Address:		
Suspect #4 information		
Name:	Title:	
Alias Names:	Tiuc.	
	Race: Birth date:	
	Weight:	
Height: Physical Characteristic	•	
Physical Characteristic		
Drivers License:	Social Security #	
Home Phone:	Cell Phone:	
Home Address:		
TC		
	ocument witness information, please photocopy this sheet.	
Li Check here if additional	witness information pages are attached.	

VICTIM STATEMENT

STATE OF COUNTY OF			Pag	ge of
	dersigned authority in and for the decision who being by me first decision.			
	, I was born on which is located at	and I am My job title is	years old. I a	m employed by aties are to
I have been emplo	oyed with this company since _	·		
I have read my stanecessary.	atement and it is true and correc	t. I will appear in court a	nd testify to the fac	ts in this case if
		Signature		
	Sworn to and subscri	bed before me this	_ of	, 20
SEAL		Notary Public	in and for	County,

(Statement Information Supplement must be included with this statement)

WITNESS STATEMENT

STATE OF _			Page	of
		as State and County of one	ooid on this downson	
	undersigned authority in and for the who being by me first d			
My name is	, I was born on which is located at	and I am My job title is	years old. I am and my dut	employed by ies are to
I have been em	nployed with this company since	·		
I have read my necessary.	statement and it is true and correct		nd testify to the facts	
	Sworn to and subscribe	ed before me this	of	, 20
SEAL		Notary Public	in and for	

(Statement Information Supplement must be included with this statement)

San Antonio Police Department

Statement Information Supplement