



San Antonio Police Department



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 responsible for investigating your criminal complaint, documented under case # SAPD _____. Specific and detailed documentation is required to prosecute cases of this nature. This packet is a guide to ensure a satisfactory case can be presented to the Bexar County District Attorney's Office for review 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 ***highly recommended*** 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 *photocopies* of all related contracts, invoices, reports, and other documents which are relevant. You will need to provide two copies of your documentation, one *unmarked* 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

DOCUMENT CHECKLIST

DOCUMENT		SUBMITTED: YES NO* N/A		
1	Copy of entire employee file; applications, W2, 1099 forms, discipline history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Copy of Suspect's time cards and schedule, showing days off, vacation, and/or sick days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Copy of at least 4 payroll checks (<i>front & back</i>) and/or direct deposit payroll information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Copy of documentation indicating the suspect has been trained in the proper company procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Copies of company policies/procedures related to employee's handling of money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Copies of bank records & BUSINESS RECORD AFFIDAVIT for the business account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Copies of check register log, cash disbursements log, and/or affected accounts payables/receivables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Copies of checks, invoices, or purchase orders related to the act	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Copies of affected beginning and ending product inventories for years in which the acts took place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Any surveillance video depicting all related transactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	ORIGINAL statement from Complainant and Witnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	ORIGINAL statement/confession of suspected employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	An audit of the records to establish the amount of loss with an attached spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Business records affidavit (pg. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Information regarding reimbursement from an insurance company and contact information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Copy of procedure for establishing computer logon and establishing a password	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<i>Other information here</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	<i>Other information here</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	<i>Other information here</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	<i>Other information here</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For the documents listed above, where copies only are requested, list the person who is in custody and control of the originals:

Name: _____
Address: _____
Email: _____ **Position/Title:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

Information of person completing packet:

Name: _____
Address: _____
Email: _____ **Position/Title:** _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

***If any required documentation was not submitted, explain (attach additional sheets as necessary):**

THE STATE OF _____
COUNTY OF _____

BUSINESS RECORDS AFFIDAVIT

Before me, the undersigned authority, personally appeared _____, who, being by me duly sworn,
(Affiant Name)
deposed as follows:

My name is _____, I am of sound mind, capable of making this affidavit, and personally
(Affiant Name)
acquainted with the facts herein stated:

I am the custodian of the records of _____. Attached hereto are _____ pages of records
(Company/Entity Name) (# of pages)
from _____.
(Company/Entity Name)

These said _____ pages of records are kept by _____ in the regular course of business, and it was the
(# of pages) (Company/Entity Name)
regular course of business of _____ for an employee or representative of _____, with
(Company/Entity Name) (Company/Entity Name)
knowledge of the event, condition, opinion, or diagnosis, recorded to make the record or to transmit information
thereof to be included in such record; and the record was made at or near the time or reasonably soon
thereafter. The records attached hereto are the original or exact duplicates of the original.

AFFIANT

SWORN TO AND SUBSCRIBED before me on the _____ day of _____, _____.

NOTARY PUBLIC,
STATE OF _____
Notary's printed name:

My commission expires:

Victim / Witness Information Form

Victim information

Name:		Title:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	Birth date:	
Home Phone:		Cell Phone:	
Home Address:			
Business Phone:		Fax:	

Witness #1 information

Name:		Title:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	Birth date:	
Home Phone:		Cell Phone:	
Home Address:			
Business Phone:		Fax:	

Witness #2 information

Name:		Title:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	Birth date:	
Home Phone:		Cell Phone:	
Home Address:			
Business Phone:		Fax:	

Witness #3 information

Name:		Title:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	Birth date:	
Home Phone:		Cell Phone:	
Home Address:			
Business Phone:		Fax:	

If more space is needed to document witness information, please photocopy this sheet.

Check here if additional witness information pages are attached.

Suspect Information Form

Suspect #1 information

Name:	Title:
Alias Names:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:
Height:	Birth date:
Physical Characteristics:	
Drivers License:	Social Security #
Home Phone:	Cell Phone:
Home Address:	

Suspect #2 information

Name:	Title:
Alias Names:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:
Height:	Birth date:
Physical Characteristics:	
Drivers License:	Social Security #
Home Phone:	Cell Phone:
Home Address:	

Suspect #3 information

Name:	Title:
Alias Names:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:
Height:	Birth date:
Physical Characteristics:	
Drivers License:	Social Security #
Home Phone:	Cell Phone:
Home Address:	

Suspect #4 information

Name:	Title:
Alias Names:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:
Height:	Birth date:
Physical Characteristics:	
Drivers License:	Social Security #
Home Phone:	Cell Phone:
Home Address:	

If more space is needed to document witness information, please photocopy this sheet.

Check here if additional witness information pages are attached.

San Antonio Police Department
Statement Information Supplement

Note: *This information is strictly confidential and only for Police and District Attorney's official records.*

Name: (Last, First, Middle) _____

Home Address: (number, street, city, zip) _____

Business Address: (number, street, city, zip) _____

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

Race: _____ **SEX:** _____ **AGE:** _____ **DOB:** _____

Married YES: ___ **NO:** ___ **Name of Spouse:** _____

Drivers License # (state & number) _____

NEAREST RELATIVE OTHER THAN SPOUSE:

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **State:** _____

Place of Employment: _____ **Phone:** _____
