



San Antonio Police Department



White Collar Crime Detail
214 W. NUEVA
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 required. 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 a closing of the investigation. It is imperative to return this completed packet as soon as possible. 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 Unit 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, documents, and other documents which may be pertinent. You will likely need two copies of documents, one which you notate pertinent areas, and another *unmarked* copy to be used for court purposes. 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 forward them to the White Collar Crime Detail of the San Antonio Police Department. 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: _____

Telephone: _____

Fax: _____

Information of person completing packet

Name: _____

Address: _____

Email: _____

Position/Title: _____

Telephone: _____

Fax: _____

***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 acquainted with
(Affiant Name)
the facts herein stated:

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

act, 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:	
Drivers License:		Social Security #	
Home Phone:		Cell Phone:	
Home Address:			
Company Name:			
Company Address:			
Business Phone:		Fax:	

Witness #1 information

Name:		Title:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	Birth date:	
Drivers License:		Social Security #	
Home Phone:		Cell Phone:	
Home Address:			
Company Name:			
Company Address:			
Business Phone:		Fax:	

Witness #2 information

Name:		Title:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	Birth date:	
Drivers License:		Social Security #	
Home Phone:		Cell Phone:	
Home Address:			
Company Name:			
Company Address:			
Business Phone:		Fax:	

Witness #3 information

Name:		Title:	
Sex: M <input type="checkbox"/> F <input type="checkbox"/>	Race:	Birth date:	
Drivers License:		Social Security #	
Home Phone:		Cell Phone:	
Home Address:			
Company Name:			
Company 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.

VICTIM STATEMENT

STATE OF
COUNTY OF

Page **of**

Before me, the undersigned authority in and for the State and County aforesaid, on this day personally appeared who being by me first duly sworn upon his/her oath deposes and says:

My name is _____, I was born on _____ and I am _____ years old. I am employed by _____ which is located at _____ . My job title is _____ and my duties are to _____ .

I have been employed with this company since _____ .

I have read my statement and it is true and correct. I will appear in court and testify to the facts in this case if necessary.

Signature _____

Sworn to and subscribed before me this _____ of _____, 20__

SEAL

Notary Public in and for *County,*

WITNESS STATEMENT

STATE OF
COUNTY OF

Page **of**

Before me, the undersigned authority in and for the State and County aforesaid, on this day personally appeared who being by me first duly sworn upon his/her oath deposes and says:

My name is _____, I was born on _____ and I am _____ years old. I am employed by _____ which is located at _____ . My job title is _____ and my duties are to _____ .

I have been employed with this company since _____ .

I have read my statement and it is true and correct. I will appear in court and testify to the facts in this case if necessary.

Signature _____

Sworn to and subscribed before me this _____ of _____, 20__

SEAL

Notary Public in and for Bexar County, Texas

Case #: _____

San Antonio Police Department

Statement Information Supplement

This information is for law enforcement use and strictly confidential

Name (Last, First, Mi): _____

Home Address: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

Race: _____ Sex: M F Age: _____ Birth Date: _____

Marital Status: S M D Name of Spouse: _____

Drivers License #: _____ License State: _____ SS#: _____

Nearest relative other than spouse:

Name (Last, First, Mi): _____

Home Address: _____

Business Address: _____

Home Phone: _____ Business Phone: _____

For Office Use Only

Date of Contact: _____ Time of Contact: _____

Location of Contact: _____

Comments: