

60 Wood Street
Coventry, Rhode Island 02816-1690
www.coventrypd.org



Telephone
(401) 826-1100
Fax
(401) 826-3419

Date: _____

Case# _____

I, _____ from _____, make the
(Name) (Company Name)
following complaint to the Coventry Police Department:

On _____, I was presented with a check by _____
(Date) (Suspects name)
drawn on the _____ . Check# _____ for\$ _____ .
(Name of Bank)

This check was presented for _____ .
(Payment of)

On _____, this check was returned by the bank marked _____ .
(Date) (Reason for refusal)

On _____, I mailed a registered letter to _____
(Date) (Name of Suspect)

demanding payment on said check.

Suspect's information:

Name: _____

Address: _____

Driver's license or ID: _____ DOB: _____

Phone: _____ SS# _____

As of this date _____ payment has not been made. I wish
to prosecute this case in a court of law.

Complainant's signature: _____

Address: _____

DOB: _____ SS # _____

Phone: _____

Witnessed by: _____