



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 San Antonio Police Department White Collar Crime Detail has been assigned the follow-up investigation for your case. (SAPD case # _____) The Bexar County District Attorney requires specific documentation in order to prosecute these types of felony cases. This packet will serve as a guide so that the best possible case can be presented to the Bexar County District Attorney for review and possible indictment.

The information contained therein is the minimum required for an indictment by the Bexar County Grand Jury. More information may be required. It is important that all forms contained within this packet, that are pertinent to your case, be filled out and returned.

NOTE:

*The Complainant or Witness Statement Information Supplement must be attached for each witness that can offer relevant testimony in this matter. For more copies, photocopy any of the attached documents as required.

*Within the complaint packet is a document checklist that will aid you during your research of the incident. Attach photocopies (no originals please) of all related contracts, invoices, reports, documents or any other paperwork that may have a bearing on this matter.

Since the process from investigation through indictment and arrest will normally take several months to complete, it is imperative to return this completed packet as soon as possible; however, accuracy, completeness, and legibility are far more important than speed.

As you can see, criminal prosecution is a serious and time-consuming matter, demanding your full cooperation and patience. Once you have completed the attached forms, please send them to the White Collar Crime Detail of the San Antonio Police Department. Upon arrival of the complaint packet it will be reviewed. Thank You.

White Collar Crime Detail
San Antonio Police Department

Criminal Complaint Forms

This complaint package is provided to initiate an investigation into violations of the Laws of the State of Texas. We recommend that you consult with your own attorney to determine your legal rights and civil remedies in this matter prior to filing this complaint.

INSTRUCTIONS

- 1) PLEASE TYPE OR PRINT LEGIBLY
- 2) The attached forms must be as complete and accurate as possible so that your case may be properly evaluated for criminal prosecution.
- 3) Any sections that are not applicable to your case must be noted with N/A.
- 4) **Statement of Facts:** Describe the exact nature of the complaint in the order in which they occurred. Be as complete as possible answering who, what, when, where, how, and why. Explain all documentation submitted and introduce all the witnesses and their involvement. **Do not use "see the above" as a statement.** Some duplication maybe required. The statement of facts form is located on page 9. A completed Statement Information Supplement included on page 11 must accompany all written statements.

Witness statements: A criminal complaint is comprised of physical evidence and witnesses. The written statements of the witnesses will be a crucial part of the case. In these types of cases, a statement is needed from each employee involved in the investigation (i.e. manager who fielded call from customer(s) and conducted the investigation, supervisors or loss prevention personnel who were present during the interview of the employee(s) when confronted with the allegation, etc.). Use the format on page 10 for each witness statement. A completed Statement Information Supplement included on page 11 must accompany all written statements.

*(Describe your exact involvement with this case in the order in which they occurred. Put only what you can personally testify to. Be as complete as possible answering who, what, when, where, how, and why. Refer to documentation submitted to explain your involvement and identify the specific documentation, evidence, or people that you are talking about. **Do not use "see the above" as a statement.** If additional room is required use copies of the page or feel free to retype the page in the same format.)*

- 5) All statements should be notarized.
- 6) For your convenience, this packet may be mailed to:

Mailing address: San Antonio Police Department
White Collar Crime Detail
P.O. Box 839948
San Antonio, TX 78283-9948

Physical address: 214 W. Nueva
San Antonio, Tx 78207

- 7) The Bexar County Grand Jury and the Bexar County District Attorney's Office may examine these forms. They should be neat, understandable, accurate in detail, and in a chronological order of events. Be sure to include all dates, times, places, evidence, and individuals involved. (Who, What, When, Where, and How).

DOCUMENT CHECKLIST

REQUIRED

SUBMITTED
YES NO*

- | | | | |
|--------------------------|--|--------------------------|--------------------------|
| <input type="checkbox"/> | Copy of entire Employee File; applications, W2, 1099 forms, discipline history. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copy of Suspect's Time Card(s) and Schedule(s), to show days off, vacation or sick days. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copy of at least 4 payroll checks (<i>front & back</i>) or any direct deposit payroll information on file. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copy of documentation related to training – (Documents to show suspect has been trained in the proper company procedures involving credit cards, etc.) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copies of all company policies and procedures related to employee's handling of cash, credit card procedures. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copies of bank records & bank record affidavit for the business account. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copies of check register log, cash disbursements log, or affected accounts payables or receivables. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Copies of checks, invoices, or purchase orders related to the act. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | 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"/> | Any surveillance video depicting all related transactions. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | ORIGINAL statement/confession of suspected employee. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | An audit of the records to establish the amount of loss with an attached spreadsheet. | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Business records affidavit completed and submitted (pg. 5) | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | Information in regard to reimbursement from the insurance company and a contact address or telephone number. | <input type="checkbox"/> | <input type="checkbox"/> |

DOCUMENT CHECKLIST

REQUIRED

SUBMITTED

	YES	NO*
<input type="checkbox"/> Copy of procedure for establishing computer logon and establishing a password.	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>

*State reason why any requested documents are not submitted: _____

*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: _____

*Name of Person Completing Packet _____

Position/Title _____ Telephone: _____ Fax: _____

Email address _____

*Listed on the next page is the business records affidavit. This form must be returned when records are obtained from a third party source (such as your financial institution, outside vendors & companies etc.). These are records that are not kept at your office or company in the normal course of business. Please send this affidavit to the agency to complete when you go outside your company to obtain specific records from them. The affidavit is not needed for personal records. If you have any questions if or when this form should be completed please do not hesitate to contact the unit.

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

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

I am the custodian of the records of _____. Attached hereto are _____ pages of records from _____. These said _____ pages of records are kept by _____ in the regular course of business, and it was the regular course of business of _____ for an employee or representative of _____, with knowledge of the 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 _____, 2003.

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

My commission expires:

Complainant / Witness Information Form

1. _____
Full Name of the Complaining Person Title

Company Name and Full Address (including ZIP Code)

Home Address (including ZIP Code)

Business Phone Number

Fax Phone

Home Phone

Sex

Race

Date of Birth

Drivers License No.

Social Security No.

2.

Full Name of the Witness

Title

Company Name and Full Address (including ZIP Code)

Home Address (including ZIP Code)

Business Phone Number

Fax Phone

Home Phone

Sex

Race

Date of Birth

Drivers License No.

Social Security No.

3.

Full Name of the Witness

Title

Company Name and Full Address (including ZIP Code)

Home Address (including ZIP Code)

Business Phone Number

Fax Phone

Home Phone

Sex

Race

Date of Birth

Drivers License No.

Social Security No.

() Check here if there are additional witnesses.

IF THERE IS MORE THAN 3 WITNESSES PHOTOCOPY THIS PAGE AND INCLUDE THE ADDITIONAL PAGE IMMEDIATELY AFTER THIS PAGE IN THE PACKET.

Suspect(s) Information Form

1.

Full Name of Suspect

Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number

Other Phone Numbers (relatives, associates, other work, etc.)

Sex Race Date of Birth Height Weight Other Physical Identifiers

Drivers License No.

State

Social Security No.

Other

2.

Full Name of Suspect

Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number

Other Phone Numbers (relatives, associates, other work, etc.)

Sex Race Date of Birth Height Weight Other Physical Identifiers

Drivers License No.

State

Social Security No.

Other

3.

Full Name of Suspect

Job Title if Applicable

Suspects Alias Names

Suspects Full Address (including ZIP Code)

Suspects Phone Number

Other Phone Numbers (relatives, associates, other work, etc.)

Sex Race Date of Birth Height Weight Other Physical Identifiers

Drivers License No.

State

Social Security No.

Other

IF THERE IS MORE THAN 3 SUSPECTS PHOTOCOPY THIS PAGE AND INCLUDE THE ADDITIONAL PAGE IMMEDIATELY AFTER THIS PAGE IN THE PACKET.

Offense/Case Information Form

Evidence & Records

List the evidence included and/or available. Include only legible copies. Original evidence must be maintained by you and be made available upon the District Attorney's request. Also specify the location of the original evidence. If original evidence will not be available a detailed statement explaining the reason why must be attached. *Per the District Attorney's office, please provide a "clean" copy of any records that you must write or highlight upon in order to show various transactions that will constitute evidence and aid in the investigation of the case.*

STATEMENT OF FACTS

**STATE OF TEXAS
COUNTY OF BEXAR**

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 _____ and I am _____ years old. I was born on _____ and I am employed by _____ located at

_____ as a(n) _____

where 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 _____, 200__.

SEAL

Notary Public in and for Bexar County, Texas

WITNESS STATEMENT

San Antonio Police Department
Statement Information Supplement

Note: This information is strictly confidential and only for Police and DA's official records!

Name: (last, first, mi.) _____

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

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

Home Phone Number: _____

Work Phone Number: _____

Race:

SEX:

AGE:

DOB:

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

Drivers License # (state & number) _____

SSN: _____

NEAREST RELATIVE OTHER THAN SPOUSE:

Name: _____

Phone: _____

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

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

Date of Contact: _____

Time of Contact: _____

Location of Contact: _____

Comments: _____