



San Antonio Police Department



White Collar Crime Detail
315 S. Santa Rosa
SAN ANTONIO, TX 78207
(210) 207-7451
(210) 207-4070 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 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 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 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 the; who, what, when, where, how, and why. 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 must be an **original signed** document.

WITNESS STATEMENT": The written statement of witnesses is crucial to the investigation. A witness statement is required from each individual involved in the investigation. 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. The Witness Statement must be an **original signed** document.

- 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. A "Business Records Affidavit" is completed by whichever entity maintained the requested records, and which you did not control during the normal course of business.

Without a "Business Records Affidavit" showing the authenticity of the records, the records will not be accepted as evidence. If you have unreasonable difficulty obtaining a "Business Records Affidavit", or have any questions related to the form use, please contact our office at 210-207-7451.

- 6) All statements must be signed and notarized if possible. If assistance is needed with a notary, please contact our office at 210-207-7451.
- 7) Upon completion, forward the packet necessary information, either by mail or in person, to:

Mailing address: San Antonio Police Department
White Collar Crime Detail
315 S. Santa Rosa, 5th Floor
San Antonio, TX 78207

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

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
(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.

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 _____ *County,* _____

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: _____

Other Information: