

C.O.D. DELIVERY COMPLAINT FORM

Rec'd by: _____

(Please print or type)

Date: _____

(Rev.05/06/02)

THE CHECKWRITER:

1. A. Who SIGNED the check _____
B. Address on the check _____ Zip _____
C. Phone No: _____ Is the address on the check still good? Yes No

2. A. Can anyone identify checkwriter? Yes No If so, who? _____
B. Address of this person: _____

3. DESCRIPTION of the **Checkwriter**: RACE: _____ SEX: _____ AGE: _____ HGT: _____ WGT: _____
EYES: _____ HAIR: _____ OR TDL # _____ OTHER: _____

4. Who **PASSED** the check and received the goods? _____

DELIVERY PERSON: (All information must be provided to process this complaint)

5. A. Name of the delivery person: _____ Date of Birth: _____
B. Address of the delivery person: _____
C. Work Phone No: _____ Home Phone No: _____

6. A. Who from the delivery company provided information on question # 4 and # 5? _____
B. Date of Birth: _____ Address of this person: _____
C. Phone No: _____

PLACING THE ORDER:

7. A. Who RECEIVED the order in YOUR company? _____ Date of Birth: _____
B. Who PLACED this order with YOUR company? _____
C. How does the person who RECEIVED the order know the person listed above (B) who actually PLACED the order? _____

8. Describe in DETAIL the PROPERTY given for the check(s). (**Please attach a COPY of the INVOICE**) _____

9. **DATE** the property was delivered: _____ **ADDRESS** where delivered: _____

THE DELIVERY:

10. A. Who received verification of delivery: _____ Date of Birth: _____
B. The date you received verification of delivery: _____

11. A. Check No: _____ Date on the check: _____ Amount \$ _____
B. What is the actual value of the property? _____

12. A. Check made payable to: _____
B. Your mailing address: _____ Phone _____
No: _____

STATUS OF THE CHECK:

13. A. Was the check thought to be **GOOD** when taken? Yes No
B. Was the check **DEPOSITED** within 30 days? Yes No
C. Was the check **POST-DATED**? Yes No
D. Was the check a **HOLD CHECK**? Yes No

14. The bank returned the check marked: INSUFFICIENT ACCOUNT CLOSED STOP PAYMENT
 OTHER: _____

COMMUNICATIONS WITH THE CHECKWRITER:

15. Any communication with the Checkwriter since the check was returned? DESCRIBE: (if necessary, attach separate sheet): _____

16. A. Has Checkwriter made any RESTITUTION? _____ What amount? \$ _____ When? _____
B. **TOTAL** amount the Checkwriter still owes for the property? \$ _____

17. Who can testify as to the value of the property? _____

19. I'VE READ AND UNDERSTAND THE CHECK FRAUD INFORMATION SHEET: x _____

******* THESE ITEMS MUST BE ATTACHED:

(please check box when attached)

- 1) THE ORIGINAL CHECK
- 2) A COPY OF INVOICE and
- 3) THE DELIVERY VERIFICATION SHEET
- 4) ORIGINAL RETURNED GREEN CARD OR THE RETURNED ENVELOPE
- 5) A COPY OF THE LETTER THAT WAS SENT TO THE ATTENTION OF THE CHECKWRITER