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| **FRAUD REPORT FORM**  |

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| **OFFICE USE ONLY** |  |  |  |
|  | Crime Manager [Relevant CIU or Unit]: |  |  |  |
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|  |  |  |  |  |  |  |
|  | DX: |  | Date: |  |
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|  |  |  |  |  |  |  |
|  | Operation Name: |  | INTMIN: |  |
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|  |  |  |  |  |  |  |
|  | LEAP No.: |  |  |  |
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| **TO BE COMPLETED BY POLICE MEMBER WHEN PROVIDING FRAUD REPORT FORM TO COMPLAINANT** |  |
|  | Name: |  |  |  |
|  |       |  |
|  |  |  |  |  |  |  |
|  | Rank & Reg. No.: |  |  |  |
|  |       |  |
|  |  |  |  |  |
|  | Station |  |  |  |
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|  | **The purpose of this form is to assist with the reporting of fraud related incidents to Victoria Police. The information provided will assist with the assessment and investigation of your complaint. Please ensure that all information provided is concise, accurate, factual and truthful.** |  |
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|  | **IMPORTANT:** |  |
|  | **In relation to incidents of crime, the primary role of Victoria Police is to identify the offender(s), prevent the commission of further offences and present evidence before a Victorian Criminal Court. If you have suffered a financial loss you are advised to seek legal advice if you wish to seek recovery or compensation. It may not be until the end of a successful criminal prosecution that the Court is able to award compensation.** |  |
|  |  |  |
|  | When a completed Fraud Report Form is received, it will be assessed, and as part of that assessment, it will be categorised and prioritised. This ensures that the resources available to Victoria Police are used most effectively. In determining investigative priority, consideration is given to a range of factors including, but not limited to: - the nature, urgency and complexity of the matter and the impact on victims and/or potential victims. |  |
|  |  |  |
|  | During the assessment process it will be determined whether the matter involves conduct that constitutes criminal offending. In many instances of alleged fraud, it is determined that the complaint is civil, particularly incidents involving breaches of contract or non-payment of debts. Police do not investigate civil matters and are unable to become involved with debt collection. If the information provided supports a finding that a criminal offence may have been committed, the matter will be investigated further. |  |
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|  | At the conclusion of the assessment, you will receive a letter acknowledging receipt of your complaint and advice as to the Investigative Unit assigned the investigation or the reasons why it will not be investigated. |  |
|  |  |  |
|  | By submitting this Fraud Report Form you acknowledge that you will provide additional material when requested by the investigator. This material includes, but is not limited to, a statement/affidavit which is legally admissible in a Victorian Criminal Court. Failure to provide the material, statement/affidavit, may result in your complaint or the investigation to become inactive or closed. |  |

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|  | **PART 1 – REPORTING PERSON** |  |  |  |
|  | Family Name: |  | Given Name/s: |  |
|  |       |  |       |  |
|  |  |  |  |  |  |  |
|  | DOB (DD/MM/YYYY): |  | Title / Position: |  |
|  |       |  |       |  |
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|  | Company/Organisation/Trading Name (if applicable): |  |
|  |       |  |
|  |  |  |  |  |
|  | ACN: |  | ABN: |  |
|  |       |  |       |  |
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|  | Address (Work): |  |  |  |
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|  | Address (Residential): |  |  |  |
|  |       |  |
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|  | Phone (Residential): |  | Phone (Work): |  |
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|  | Mobile: |  | Facsimile: |  |
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|  | Email: |  |  |  |
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|  | Are you making this report on behalf of the victim? |  | [ ]  Yes [Please complete Part 2] [ ]  No, I am the victim |  |
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|  | If you are not the victim, what is your relationship to the victim? |  |
|  |       |  |
|  |  |  |  |  |
|  | Are you authorised to submit this report on behalf of the victim? (if applicable) | [ ]  Yes [ ]  No |  |
|  | Details: |       |  |

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|  | **PART 2 – VICTIM**  |  |
|  | [ ]   | (Please tick if applicable)Reporting person is the victim. Details below provided in PART 1  |  |
|  |  |  |  |
|  | Family Name: |  | Given Name/s: |  |
|  |       |  |       |  |
|  |  |  |  |  |  |  |
|  | DOB (DD/MM/YYYY): |  | Title / Position: |  |
|  |       |  |       |  |
|  |  |  |  |  |
|  | Company/Organisation/Trading Name (if applicable): |  |
|  |       |  |
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|  | ACN: |  | ABN: |  |
|  |       |  |       |  |
|  |  |  |  |  |
|  | Address (Work): |  |  |  |
|  |       |  |
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|  | Address (Residential): |  |  |  |
|  |       |  |
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|  | Phone (Residential): |  | Phone (Work): |  |
|  |       |  |       |  |
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|  | Mobile: |  | Facsimile: |  |
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|  | Email: |  |  |  |
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| **PART 3 - ALLEGATIONS** |  |
|  | Please provide a brief summary of the fraud allegations. The purpose of this is to provide investigators with a snapshot of what the actual criminal allegations are. There is provision for a more comprehensive summary later in the Fraud Report Form. |  |
|  |  |  |  |  |
|  |       |  |
|  |  |  |
|  | Extent of Identifiable Financial Loss: |  | Financial Loss Recovered to Date: |  |
|  | $       |  | $       |  |
|  |  |  |
|  |  |  |  |  |
|  | Have you or are you likely to be reimbursed for your loss and, if so, by whom? | [ ]  Yes [ ]  No |  |
|  | Details (if applicable): |  |  |
|  |       |  |
|  |  |  |  |  |
|  | How would you describe the level of impact? |  |   |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | [ ]  Low |  | [ ]  Medium |  |  | [ ]  High |  | [ ]  Catastrophic |  |  |
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|  | Has there been any agreement (verbal or otherwise) entered into with the suspect to regain your loss? | [ ]  Yes [ ]  No |  |
|  | If ‘Yes’, Please Provide Details: |  |  |
|  |       |  |
|  |  |  |  |  |
|  | Is there any civil action pending/completed? | [ ]  Yes [ ]  No |  |
|  | If ‘Yes’, Please Provide Details: |  |  |
|  |       |  |
|  |  |  |  |  |
|  | Do you intend to or have you instructed a solicitor to pursue your interests? | [ ]  Yes [ ]  No |  |
|  | If ‘Yes’, Please Provide Details: |  |  |
|  |       |  |
|  |  |  |  |  |
|  | Has this matter been reported to another agency/authority or professional body? | [ ]  Yes [ ]  No |  |
|  | If ‘Yes’, Please Provide Details: |  |  |
|  |       |  |
|  |  |  |  |  |
|  | Is the suspect and/or their company subject to any bankruptcy, insolvency, or administrative action? | [ ]  Yes [ ]  No |  |
|  | If ‘Yes’, Please Provide Details of Liquidator or Administrator: |  |  |
|  |       |  |
|  |  |  |  |  |
|  | Has a financial analysis been conducted by a forensic accountant? | [ ]  Yes [ ]  No |  |
|  | If ‘Yes’, Please Provide Details: |  |  |
|  |       |  |

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| Does the matter involve any bank accounts?  | [ ]  Yes - Please Provide Details below | [ ]  No |  |
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| 1. | Account Name: |  |  | 2. | Account Name: |  |
|  |       |  |  |  |       |  |
|  |  |  |  |  |  |  |
|  | Bank: |  |  |  | Bank: |  |
|  |       |  |  |  |       |  |
|  |  |  |  |  |  |  |
|  | BSB: |  |  |  | BSB: |  |
|  |       |  |  |  |       |  |
|  |  |  |  |  |  |  |
|  | Account No.: |  |  |  | Account No.: |  |
|  |       |  |  |  |       |  |
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|  | Relevance: |  |  |  | Relevance: |  |
|  |       |  |  |  |       |  |
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| 3. | Account Name: |  |  | 4. | Account Name: |  |
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|  | Bank: |  |  |  | Bank: |  |
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|  | BSB: |  |  |  | BSB: |  |
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|  | Account No.: |  |  |  | Account No.: |  |
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|  | Relevance: |  |  |  | Relevance: |  |
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|  | I am prepared to make a statement/affidavit which is legally admissible in a Court of Law in Victoria. | [ ]  Yes [ ]  No |  |
|  |  |  |  |
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|  | I am prepared to give evidence at any criminal court proceedings to further this prosecution. | [ ]  Yes [ ]  No |  |
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| **COMPREHENSIVE SUMMARY OF ALLEGATIONS** |  |
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|  | This is intended to be a chronological summary of events that form the basis of your criminal allegations. It is important to include times, dates, places and details of conversations you have had with the suspect(s) regarding the allegations. It is important that this information is factual; you may be required to give evidence in relation to the information provided in this report. Attach a report or add further pages if required. |  |
|  |  |  |
|  | If you refer to documents or other exhibits in your summary then please clearly label them and cross-reference to the summary. If you are in possession of original documents then they should be preserved **– do not send them with this report** – only label and attach copies. |  |
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|  | **PART 4 – WITNESSES AND OTHER INTERESTED PARTIES** |  |
| 1. | Family Name: |  | Given Name/s: |  |
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|  | DOB (DD/MM/YYYY): |  | Title / Position: |  |
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|  | Company/Organisation/Trading Name (if applicable): |  |
|  |       |  |
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|  | Address (Work/Residential) |  |  |  |
|  |       |  |
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|  | Phone Contact Numbers: |  | Email: |  |
|  |       |  |       |  |
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|  | Relevance: |  |  |  |
|  |       |  |
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| 2. | Family Name: |  | Given Name/s: |  |
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|  | DOB (DD/MM/YYYY): |  | Title / Position: |  |
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|  | Company/Organisation/Trading Name (if applicable): |  |
|  |       |  |
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|  | Address (Work/Residential) |  |  |  |
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|  | Phone Contact Numbers: |  | Email: |  |
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|  | Relevance: |  |  |  |
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|  | **PART 5 – SUSPECT/S** |  |  |  |
| 1. | Family Name: |  | Given Name/s: |  |
|  |       |  |       |  |
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|  | DOB (DD/MM/YYYY): |  | Title / Position: |  |
|  |       |  |       |  |
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|  | Relationship to Reporting Person / Victim: |  |
|  |       |  |
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|  | Company/Organisation/Trading Name (if applicable): |  |
|  |       |  |
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|  | Address (Work): |  |  |  |
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|  | Address (Residential): |  |  |  |
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|  | Phone: |  | Mobile: |  |
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|  | Facsimile: |  |  |  |
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|  | Email: |  |  |  |
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|  | Any other Relevant Information: |  |  |  |
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|  | **PART 5 – SUSPECT/S CONTINUED** |  |  |  |
| 2. | Family Name: |  | Given Name/s: |  |
|  |       |  |       |  |
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|  | DOB (DD/MM/YYYY): |  | Title / Position: |  |
|  |       |  |       |  |
|  |  |  |  |  |
|  | Relationship to Reporting Person / Victim: |  |
|  |       |  |
|  |  |  |  |  |
|  | Company/Organisation/Trading Name (if applicable): |  |
|  |       |  |
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|  | Address (Work): |  |  |  |
|  |       |  |
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|  | Address (Residential): |  |  |  |
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|  | Phone: |  | Mobile: |  |
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|  | Any other relevant information: |  |  |  |
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|  | **PART 6 – ADDITIONAL INFORMATION AND CHECKLIST** |  |
|  | Please provide any further information that you believe may be of assistance to police assessing this matter. |  |
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|  | **PLEASE ATTACH A LIST DESCRIBING ALL OF THE DOCUMENTS THAT ARE AVAILABLE TO YOU IN RELATION TO YOUR COMPLAINT** |  |
|  |  |  |  |  |
|  | **Document Checklist:** |  |
|  |  |  |
|  | Where possible all original documents relating to this matter must be supplied, however DO NOT provide them with this form. At an appropriate time, an investigator will advise. Depending on the circumstances of the matter the material that you may provide may include the following: - |  |
|  |  |  |
|  | [ ]  Emails | [ ]  Sales Dockets/Vouchers | [ ]  Credit Card Vouchers |  |
|  |  |  |  |  |
|  | [ ]  Bank Statements and Documents | [ ]  Receipts | [ ]  Statutory Declarations/Affidavits |  |
|  |  |  |  |  |
|  | [ ]  Cheques/Cheque Book Butts | [ ]  Invoices | [ ]  Account Holder Details |  |
|  |  |  |  |  |
|  | [ ]  Bank Traces | [ ]  Applications | [ ]  Inventory lists |  |
|  |  |  |  |  |
|  | [ ]  Written Agreements/Contracts | [ ]  Handwritten/Typed Notes | [ ]  Internet Data [ie. IP Address/ Logs] |  |
|  |  |  |  |  |
|  | [ ]  Telecommunications Records | [ ]  Deposit/Withdrawal Slips | [ ]  Audio Recordings |  |
|  |  |  |  |  |
|  | [ ]  Memorandums | [ ]  Audit Reports | [ ]  Forensic Accountant/Financial  Analysis |  |
|  |  |  |  |  |
|  | [ ]  Court Orders/Extracts | [ ]  Surveillance Footage | [ ]  Meeting Minutes |  |
|  |  |  |  |  |
|  | (PLACE ALL DOCUMENTS IN PLASTIC SLEEVES FOR PROTECTION) |  |
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|  | **PART 7 – DECLARATION** |  |
|  |  |  |
|  | I declare that all the requested information has been disclosed. I have not omitted to provide any information that may have a bearing on the conduct of this assessment/ investigation or the prosecution of any person. All the information is true and correct. |  |
|  |  |  |
|  | I acknowledge that I am willing to provide a statement/affidavit which is legally admissible in a Victorian Court and provide other necessary material requested by investigators. I further acknowledge that failure to provide a statement/affidavit or material may result in the assessment/investigation not progressing or being closed. |  |
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|  |  |  |  |  |
|  | Signed: |  |  |  |
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|  |  |       |  |  |
|  | Name: |  |  |
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|  |  |       |  |  |
|  | Date: |  |  |
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|  | Thank you for taking the time to complete this report. In Victoria, the matter needs to be reported to the police station nearest to where the offence/s took place or to your local police station who should facilitate the report being forwarded to the appropriate area. |  |
|  |  |  |  |  |