



# RETAIL THEFT COMPLAINT

(TO BE COMPLETED BY STORE EMPLOYEE)

For SBPD use:

Case #: \_\_\_\_\_

Reporting date: \_\_\_\_\_

Officer: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Reporting Person: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address, City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Position of R/P: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM PM

Did the suspect(s) have consent to take and keep the merchandise/property? YES NO

What is the total value of merchandise/property taken: \_\_\_\_\_ (all items need to be individually identified on next page)

Did the suspect(s) remove a theft detection device from any of the merchandise while in the store? YES NO

Have the suspect(s) been involved in past thefts at your business? YES NO

Are you aware if the suspect(s) have been involved in any thefts at another business? YES NO

**If YES to any of the last three questions, please explain in the narrative portion.**

**Suspect #1:** \_\_\_\_\_

NAME - if known; otherwise provide description of person

Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Description: \_\_\_\_\_

(Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.)

**Suspect #2:** \_\_\_\_\_

NAME - if known; otherwise provide description of person

Sex \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

Description: \_\_\_\_\_

(Clothing description – jacket, shirt, hat, shoes, glasses, facial hair, etc.)

**Vehicle involved:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

License Plate State Approx. Year Make Model 2DR / 4DR / SUV / TRK Color

(If additional suspect or vehicle information is needed, please include in the narrative)



**NARRATIVE** of the Incident:

A large, empty rectangular box with a thin black border, intended for the user to write a narrative description of an incident.

Did any employees (excluding reporting person) or customers witness this incident:    YES    NO *(If yes, provide their information)*

**Witness #1:** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Witness #2 :** \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address, City/State/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**On the date and time shown in this report, the above suspect(s) entered the business and/or address shown, located within the city limits of Sturgeon Bay, Wisconsin, and took the listed merchandise without paying for the item(s). At no time did the business or any employee of the business give the suspect(s) permission to take, keep or use the unpaid item(s). All of the information in this report is true and accurate to the best of my knowledge.**

Employee signature: \_\_\_\_\_ Date \_\_\_\_\_