

Misdemeanor Complaint Program

Allen County Prosecutor's Office

602 South Calhoun Street
Keystone Building
Fort Wayne, IN 46802

Contact Info:

(260) 449-7339
mcp@acpao.org
www.allencountyprosecutor.com

Walk-In Hours:

8:00 – 11:00 am and 1:00 – 3:00 pm
Tuesdays and Thursdays
Closed on Holidays

DATE: _____

YOUR PERSONAL INFORMATION

Name: _____ Email Address _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Additional Phone Number: _____

Place of Employment: _____

Date of Birth: _____ Social Security Number: _____

INFORMATION ABOUT THE PERSON YOU WISH TO FILE A COMPLAINT ON

Please add all information you know about the party you are filing a complaint against. Date of Birth or Social Security Number is Required to Issue a Warrant

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Additional Phone Number: _____

Place of Employment: _____

Date of Birth: _____ Social Security Number: _____

Description: Male Female
 White Black Hispanic Other: _____
 Height _____ Weight _____ Hair _____ Eyes _____

INCIDENT INFORMATION

Were you physically harmed? Yes No

Was someone you know physically harmed? Yes No

Was your physical safety threatened? Yes No

Did you suffer money loss? Yes No

Police Report Number: _____ Date of Incident: _____

Location of Incident: _____

PLEASE COMPLETE BACK SIDE

BRIEFLY DESCRIBE WHAT HAPPENED:

WITNESSES:

Name: _____ Phone Number: _____

Address: _____ City: _____

Name: _____ Phone Number: _____

Address: _____ City: _____

Name: _____ Phone Number: _____

Address: _____ City: _____

Name: _____ Phone Number: _____

Address: _____ City: _____

Name: _____ Phone Number: _____

Address: _____ City: _____