

# Misdemeanor Complaint Program

**Bud Meeks Justice Center**

Allen County Prosecutor's Office  
101 East Superior St.  
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

**YOUR PERSONAL INFORMATION**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**INFORMATION ABOUT THE PERSON YOU WISH TO FILE A COMPLAINT ON**

***\*\*Date of Birth or Social Security Number is Required to Issue a Warrant\*\****

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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: \_\_\_\_\_