



MARK A. McCANN, Prosecutor

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CONFIDENTIAL LAW ENFORCEMENT RECORD

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COMPLAINANT SUBMISSION FOR CRIMINAL REVIEW

For Review and Determination of Charges

I. Complainant Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

Preferred Contact Method: ☐ Phone ☐ Email ☐ Mail

II. Incident Overview

Date(s) of Incident: _____

Time(s) (if known): _____

Location(s) of Incident: _____

Brief Description of Events:

(Please provide a concise summary. You may attach a typed narrative if needed.)

III. Persons Involved

Use additional pages if necessary.

Role	Full Name	DOB (if known)	Relationship to Complaint
<input type="checkbox"/> Suspect			
<input type="checkbox"/> Witness			
<input type="checkbox"/> Victim			
<input type="checkbox"/> Other:			

IV. Law Enforcement Agency Involved

Agency Name: _____

Officer(s) Name(s): _____

Badge/ID Number(s): _____

Law Enforcement Case Number: _____

Date Report Filed: _____

Was a report filed? ☐ Yes ☐ No

Has an arrest occurred? ☐ Yes ☐ No

If yes, when and where? _____

V. Supporting Evidence Submitted

- ☐ Police Report
- ☐ Witness Statements
- ☐ Photos
- ☐ Videos
- ☐ Screenshots
- ☐ Social Media Posts
- ☐ Medical Records
- ☐ Email/Message Transcripts
- ☐ 911 Call Logs/Audio

- ☐ Surveillance Footage
☐ Property Damage Estimates
☐ Other: _____

VI. Digital/Electronic Submission

Subject Line: "Complaint Submission – [Your Full Name] – [Date]"

Attachments: Consolidated into PDFs or image formats where possible

Delivery Address: mark.mccann@howardcountyin.gov;

Don.whitehead@howardcountyin.gov; michael.banush@howardcountyin.gov

VII. Authorization & Statement

I affirm, under the penalties of perjury as provided by Indiana law, that the foregoing information and statements made in this complaint are true and accurate to the best of my knowledge and belief.

Signature of Complainant: _____

Date: _____

VIII. Prosecutor's Office Use Only

Received By: _____

Date Received: _____

Assigned Deputy Prosecutor: _____

Action Taken: ☐ Further Investigation ☐ Declined ☐ Charging Review ☐ Filed

Case No. (if filed): _____

IX. Domestic Relations & Civil History

A. Marital or Relationship Status with Suspect

- Are you or were you ever married to the suspect? ☐ Yes ☐ No

- Romantic or domestic relationship? ☐ Yes ☐ No

- Currently living together? ☐ Yes ☐ No

- Share children? ☐ Yes ☐ No

If yes, number and ages: _____

B. Divorce Proceedings

- Have you been involved in divorce/legal separation with the suspect? ☐ Yes ☐ No

County/State: _____

Case Number: _____

Year Filed: _____

Final Decree Issued? ☐ Yes ☐ No ☐ Unknown

Attorney Name: _____

C. Protective / No-Contact Orders

- Ever sought or obtained an order? ☐ Yes ☐ No

Type: ☐ Ex Parte ☐ Emergency ☐ Permanent ☐ No-Contact (criminal)

County/State: _____

Case Number: _____

Date Issued: _____

Expiration Date: _____

Order violated? ☐ Yes ☐ No

Law enforcement notified? ☐ Yes ☐ No

D. Other Related Proceedings

(List any child custody, support, eviction, harassment complaints)
