

Return to:

City of Knoxville
Police Advisory & Review Committee
Attn: Tiffany Davidson
P.O. Box 1631
Knoxville, TN 37901

Email: tdavidson@knoxville.tn.gov
Phone: (865) 215-3869
Fax: (865) 215-2211

Important:

In order to facilitate a thorough investigation of your complaint; it is necessary that you **complete and return this complaint form within 60 days of the incident occurring.**

If your completed form has not been returned to the PARC office within the 60 day period, it will be assumed that you have decided not to pursue this matter any further and your case will be closed.

Police Advisory & Review Committee

Citizen Complaint Form

Date: _____

Name: _____

Date of Birth: _____

Address: _____ City/State: _____ Zip Code: _____

Telephone Number: (____) _____

Fill in the blanks to the best of your knowledge:

I do hereby state and affirm that Officer(s) name _____ and Badge/ID Number(s) _____ committed the acts of misconduct/violation of Rights, in the following incident.

Please be advised that if you make any false statements in this complaint, you may be prosecuted for filing a false report. T.C.A. Section 39-16-502 or Knoxville City Code Section 19-91 and may be subject to civil liability.

Time of incident: _____ a.m./p.m. Date of Incident: _____

Location of Incident: _____

Citation Number (if applicable): _____

Witness Name(s) and Contact Information:

