



**U.S. TVA Police  
and Emergency Management  
400 West Summit Hill Drive  
Knoxville, TN 37902**



## Citizen Complaint Form

Please provide as much information as possible about the incident(s). Use additional pages if necessary.

### A. COMPLAINANT INFORMATION

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

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

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Best Time/Phone to Contact: \_\_\_\_\_

### B. INFORMATION ABOUT THE OFFICER(S) INVOLVED IN THE INCIDENT

Name: \_\_\_\_\_ Badge# \_\_\_\_\_ Vehicle tag # \_\_\_\_\_

Please provide a physical description of the officer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Badge# \_\_\_\_\_ Vehicle tag # \_\_\_\_\_

Please provide a physical description of the officer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_ Badge# \_\_\_\_\_ Vehicle tag # \_\_\_\_\_

Please provide a physical description of the officer: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### C. INFORMATION ABOUT VICTIMS/WITNESSES INVOLVED IN THE INCIDENT

Did you witness this incident? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are filing a complaint on behalf of someone else, what is your relationship, if any, to the person(s)?

Parent \_\_\_\_\_ Spouse \_\_\_\_\_ Relative \_\_\_\_\_ Guardian \_\_\_\_\_ Child \_\_\_\_\_ Friend \_\_\_\_\_ Other \_\_\_\_\_

Please provide as much of the following information as you can about the person(s) on behalf of whom the complaint is filed and any witness to the incident:

#### **Victim/Witness #1**

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

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

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is this person a: Victim \_\_\_\_\_ Witness \_\_\_\_\_

#### **Victim/Witness #2**

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

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

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is this person a: Victim \_\_\_\_\_ Witness \_\_\_\_\_

#### **Victim/Witness #3**

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

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

Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is this person a: Victim \_\_\_\_\_ Witness \_\_\_\_\_

*\*Please include any additional victims/witnesses on the back of this form or a separate sheet of paper.*

#### D. INFORMATION ABOUT THE INCIDENT

Please provide as much information as possible, using additional pages as necessary.

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Case number of Incident if applicable: \_\_\_\_\_

Description of Event: \_\_\_\_\_

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Complainant's Signature

Date \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

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

Complaint Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned To: \_\_\_\_\_ Date: \_\_\_\_\_