



**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.*

