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

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

Please Note:
In order to facilitate a thorough investigation of your complaint, it is necessary that you complete and return this complaint form within 60 days. If your completed form has not been returned to the PARC office within this 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 Submitted:

Name

Address

City State Zip Code

Telephone Number Date of Birth

TYPE OF COMPLAINT:

I do hereby state and affirm that Officer(s) Name_____ Badge/ID Number(s)_____ committed the acts of misconduct/violation of Rights of Complaint, 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 Date of Incident _____ Signature

Citation Number (If applicable): _____

Location of Incident_____

Witness(s) Name(s) and Contact Information:

Date Received by PARC Office: _____

CITIZEN COMPLAINT FORM
PAGE 2

Description of Complaint/Incident:

CITIZEN COMPLAINT FORM
PAGE 3