

Return To:

City of Knoxville
 Police Advisory & Review Committee
 Attn: Clarence Vaughn, III
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 Knoxville, TN 37901

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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: _____

