Return To:
City of Knoxville
Police Advisory & Review Committee
Attn: Clarence Vaughn, III
P.O. Box 1631
Knoxville, TN 37901
Email: cvaughn@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
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Description of Complaint/Incident:

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