

**Return To:**

City of Knoxville  
Police Advisory & Review Committee  
Attn: Ola Blackmon-McBride  
P.O. Box 1631  
Knoxville, TN 37901

**Email:** oblackmonmcbride@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: \_\_\_\_\_



