

MARYVILLE POLICE DEPARTMENT

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www.ci.maryville.tn.us



REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

Complaint against: _____

COMPLAINANT:

NAME: _____

DATE OF BIRTH: _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE: _____ CELL PHONE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ EXTENSION: _____

VICTIM:

NAME: _____

DATE OF BIRTH: _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE: _____ CELL PHONE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ EXTENSION: _____

WITNESS:

NAME: _____

DATE OF BIRTH: _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE: _____ CELL PHONE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ EXTENSION: _____

WITNESS:

NAME: _____

DATE OF BIRTH: _____

RESIDENCE ADDRESS: _____

RESIDENCE PHONE: _____ CELL PHONE: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____ EXTENSION: _____

(IF MORE WITNESS SPACE IS NEEDED, PLEASE LIST ON A SEPARATE PIECE OF PAPER)

NATURE OF COMPLAINT: _____

Incident Date: _____ Incident Time: _____

Incident Location: _____

REPORT OF COMPLAINT AGAINST POLICE PERSONNEL

Detailed report of Complaint:

DETAILED REPORT CAN BE CONTINUED ON NEXT PAGE

I do hereby certify that the above report is true, accurate and complete as best as I can present the facts pertinent to this complaint. I understand that under the regulations of the Maryville Police Department, the employee against whom this complaint is filed, may be summoned to appear at an Administrative Hearing. By signing and filing this complaint, I hereby agree to appear at the called Administrative Hearing and to testify under oath concerning all matters relevant to this complaint. I also understand that if an Administrative Hearing is called, a written record of all testimony will be made and a copy will be furnished to the employee and/or their attorney. If a hearing is held, the employee and their attorney have a right to be present and to cross examine me concerning any testimony that I might have.

SIGNATURE OF COMPLAINANT: _____

DATE: _____ TIME: _____

OFFICER RECEIVING COMPLAINT: _____

DATE: _____ TIME: _____