



KNOXVILLE POLICE DEPARTMENT



OPS
(865) 215-7237

MAYOR INDYA KINCANNON

CHIEF PAUL NOEL

COMPLAINT FORM

INSTRUCTIONS

Please fill out this form with as much information as possible; including all relevant complainant information and a brief yet descriptive narrative. Once completed, please return to the Knoxville Police Department Office of Professional Standards.

Complainant Information
Name:
Address:
City, State, Zip:
Phone:
Email:
Employee/ Officer Complained of (Name and ID/Badge #):
Incident Location:
Incident Date/Time:
Narrative – Please describe the incident in detail; use additional pages if necessary:
Complainant Signature and Date:



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Continued Narrative:



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OPS USE ONLY

Preliminary Investigation Revealed:

PRELIMINARY DISPOSITION:

INACTIONABLE/NO FACTUAL BASIS PROVIDED

REFERRED TO BUREAU FOR INVESTIGATION AND ADJUDICATION

DATE REFERRED: _____

OPS INVESTIGATION REQUIRED

ASSIGNED TO: _____

DATE ASSIGNED: _____

OPS CASE NUMBER: _____