



Departmental Complaint Form



Citizen's Information Below				
Last Name (Please Print)		First		Middle
Street Address			City	State Zip Code
Date of Birth	Sex	Race	Driver License Number	State of Issue
Home Phone Number		Cell Phone Number		E-mail Address
Employed By		Work Address		Work Phone Number
List Departmental Employee(s)				
Name of Member		Rank of Member	Badge Number / Employee Number	Assignment
Name of Member		Rank of Member	Badge Number / Employee Number	Assignment
Name of Member		Rank of Member	Badge Number / Employee Number	Assignment
Location of Incident		Date of Incident	Time of Incident	Did you Personally Witness the Incident? Yes No
List any known Witness(es), to the incident other than yourself below				
Witness Last Name (Please Print)		First		Middle
Street Address			City	State Zip Code
Home Phone Number		Cell Phone Number		E-mail Address
Witness Last Name (Please Print)		First		Middle
Street Address			City	State Zip Code
Home Phone Number		Cell Phone Number		E-mail Address
<p>If you file a complaint against an employee of the Department of Safety and Homeland Security, you will not be subjected to any retaliation, harassment, or other adverse consequence as a result of having filed a complaint. If after filing a complaint, you feel any employee of the Department of Safety and Homeland Security is violating this provision, you should immediately report the issue to the Captain of the Office of Professional Accountability at 615-251-5228.</p>				
Complaint Form Received By				
Name	Rank	Date & Time Received	Method Received (Telephone, E-mail, Mail, in Person, etc....)	

Office of Professional Accountability
312 Rosa L. Parks Ave. 25th Floor
Nashville, TN 37243
Tel: 615-251-5228
Tel: 877- 459-3038
Fax: 615-532-9310

via e-mail: opa.complaints@tn.gov

Describe in detail the basis of your complaint below.

Narrative: (You may attach a written or typed statement and any other related documentation.)

The statement above and/or attached, is a true and correct representation of the facts regarding this incident that lead to the complaint being filed.

PLEASE READ PRIOR TO SIGNING COMPLAINT

I understand that it is a violation of T.C.A. 39-16-502 to willfully make a false report. In the event the report is proven false, the information may be provided to the District Attorney for possible prosecution.

Signature of Complainant

Date