



Fairfield Glade POLICE DEPARTMENT

5160 Peavine Rd. Fairfield Glade Tn. 38558

Chief of Police Mike Williams



CITIZENS COMPLAINT FORM

Pursuant to TCA 39-16 -502: *It is unlawful to make a false report to law enforcement. This agency reserves the right to prosecute persons who make unlawful reports with the above listed Felony.*

INSTRUCTIONS: Fill out the front and back sections (PLEASE PRINT NEATLY). Deliver this form to the Fairfield Glade Police Department during normal office business hours, or mail to the above address.

COMPLAINANT INFORMATION

THIS FORM IS NOT VALID UNLESS SIGNED BY THE COMPLAINANT/GUARDIAN

NAME: _____ DATE OF BIRTH: ___/___/___ SEX: M / F
ADDRESS: _____ PHONE #: _____

City State ZIP PHONE #: _____

INCIDENT INFORMATION

INCIDENT DATE: ___/___/___ INCIDENT TIME: _____ END: _____
INCIDENT LOCATION(S): _____

INVOLVED EMPLOYEE: _____
INVOLVED EMPLOYEE: _____

DESCRIPTION OF THE INCIDENT

(PLEASE BE AS SPECIFIC AND DETAILED AS POSSIBLE)

(CONTINUE TO PAGE #2 ON REVERSE)

PAGE #1 SIGNATURE: _____ DATE: ___/___/___
I certify that I am 18yrs or older or am the legal guardian of the complainant juvenile. I understand that the department may seek criminal prosecution for any false statements made by me.

FPD FORM: 2018-00

DESCRIPTION OF THE INCIDENT (CONTINUED)

(PLEASE BE AS SPECIFIC AND DETAILED AS POSSIBLE)

(This area is left blank for handwritten notes.)

PAGE #2 SIGNATURE: _____ DATE: / /
I certify that I am 18yrs or older or am the legal guardian of the complainant juvenile. I understand that the department may seek criminal prosecution for any false statements made by me.

WITNESS INFORMATION (IF ANY)

NAME: _____ PHONE #: _____
WITNESS SIGNATURE: _____ DATE: / /

NAME: _____ PHONE #: _____
WITNESS SIGNATURE: _____ DATE: / /

FGPD FORM #019

Distribution: Original - Captain/Chief

Copy - To Complainant as receipt