



**Murfreesboro Police Department**  
 302 South Church Street  
 Murfreesboro, TN 37130  
 Phone 615-849-2685  
 Fax 615-848-3260

**Citizen's 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		Work Phone Number	Cell Phone Number	
Employed By		Date of Event	Time of Event	
If Known, List the Name(s) of the Police Department Employee Involved in the Event			Did You Personally Witness the Event <input type="checkbox"/> Yes <input type="checkbox"/> No	

List any known witness(es), to the Event other than yourself below

Witness Last Name (Please Print)		First	Middle	
Street Address		City	State	Zip Code
Home Phone Number		Work Phone Number	Cell Phone Number	
Witness Last Name (Please Print)		First	Middle	
Street Address		City	State	Zip Code
Home Phone Number		Work Phone Number	Cell Phone Number	

If you file a complaint against a Murfreesboro Police Department employee, you **will not** be subject to any discrimination, 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 Murfreesboro Police Department is violating this provision, you should immediately report it to the Operation Section, or to the Chief of Police.

**The section below is for Internal Use Only – Citizen will use the reverse side for Narrative.**

Complaint Form Issued By	Date	Time	Investigator Assigned
Complaint Form Received By	Date	Time	Investigator Assigned

**Disposition of Finding**

Status	Notes	Date
<input type="checkbox"/> Unfounded		
<input type="checkbox"/> Exonerated		
<input type="checkbox"/> Unsustained		
<input type="checkbox"/> Founded		

Action Taken

