

**Blount County Emergency Communication District
Citizen Complaint Form**

Complaint Information

Name:

Address:

Phone:

Witnesses

Name:

Phone:

Address:

Incident Information

Date:

Time of Occurrence:

Location:

Describe Details of the Incident:

I, the above named complainant certify that the above statement is true, accurate, and complete to the best of my knowledge. I understand the employee whom this complaint is filed against may be summoned to appear in an Administrative Hearing or an Internal Affairs Hearing. By signing this complaint, I hereby agree to appear at any called hearing and testify to all matters relevant to this complaint. I also understand that a copy of the complaint will be forwarded to the employee. If a hearing is held, the employee and his or her attorney have a right to be present and to cross-examine me concerning any testimony that I may give.

Signature of Person Making Complaint:

Date:

Signature of Person Receiving the Complaint:

Date: