



TOWN OF MASON POLICE DEPARTMENT

12157 Main Street
Mason, Tennessee 38049
(901) 294-2100 / FAX (901) 294-3059

CITIZEN COMPLAINTS

On behalf of Mayor Gwendolyn L. Kilpatrick, we thank you for taking the time to contact the Town of Mason Police Department. We proudly value your concerns and our obligation to protect and serve with pride, respect, and honor.

Our Police Department continually strives to maintain mutually trusted relationships with the Town citizens and general public. In all we say and do, we are accountable to the highest standards of professional and ethical conduct.

All citizen complaints received by the Town of Mason Police Department, whether from the public or from our own employees, will be fairly and impartially investigated. We respectfully request that all official citizen complaints be notarized, filed in person and in writing. If you have any other concerns or questions, or even compliments or suggestions, feel free to visit us at 12157 Main Street, Mason, TN 38049, or call us at (901) 294-2100 or (901) 294-3525, Monday – Friday, 9:00 AM – 4 PM.

Chief D. Terry Yarbrough
Town of Mason PD

**TOWN OF MASON POLICE DEPARTMENT
CITIZEN COMPLAINT FORM**

TODAY'S DATE: _____ **TIME:** _____ **AM/PM**

Location of Incident: _____

Nature of Complaint: _____

This Complaint involves Officer(s): _____

Date / Time of Incident: _____ **AM / PM**

Case#: _____

YOUR PERSONAL INFORMATION:

Name: _____

Home Address: _____

Business Address: _____

Race: _____ Sex: _____ Age: _____ Date of Birth: _____

Home Phone: _____ Work: _____ Cell: _____

Were you arrested? Yes: _____ No: _____ If yes, Case#: _____

Is this a Complaint regarding an Officer's Use-of-Force? Yes: _____ No: _____ If yes,

What type of force was used? _____

Were you injured? Yes: _____ No: _____ If yes,

Type of Injury: _____

Location of Injury (Arm, Leg, etc.): _____

Photos taken? Yes: _____ No: _____

Parent / Guardian's Name (If applicable): _____

Telephone #'s: (H) _____ (W) _____ (C) _____

WITNESSES TO YOUR COMPLAINT:

1. WITNESS NAME: _____

Home Address: _____

Race: _____ Sex: _____ Age: _____ Date of Birth: _____

Telephone #'s: (H) _____ (W) _____ (C) _____

2. WITNESS NAME: _____

Home Address: _____

Race: _____ Sex: _____ Age: _____ Date of Birth: _____

Telephone #'s: (H) _____ (W) _____ (C) _____

3. WITNESS NAME: _____

Home Address: _____

Race: _____ Sex: _____ Age: _____ Date of Birth: _____

Telephone #'s: (H) _____ (W) _____ (C) _____

DETAILS OF INCIDENT: _____

(As needed, continue and attach additional pages)

I have read each page of this statement and certify that the facts contained herein are true and correct. Knowingly making a false police report is a punishable offense under **TCA 39-16-502**.

Signature of Complainant

State of _____

County of _____

Personally appeared before me, with whom I am acquainted, and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office,
this _____ day of _____, 20_____.

Notary Public

My commission expires: _____