



Tennessee Wildlife Resources Agency • Boating & Law Enforcement Division  
**COMPLAINT AGAINST AGENCY EMPLOYEE**  
*(Please print.)*

WR-1133



Date	Date of birth	Driver license #	E-mail address	
Name of complainant			Home phone #	Cell phone #
Home address		Business/Employer name and address		
Date and time of incident		Address or location where incident occurred		
County where incident occurred				
Name(s) of person(s) you are complaining about (if known)				
1.		2.		
3.		4.		
Have you reported this to anyone previously? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, whom?		Date reported
<b>OTHER WITNESSES TO THE INCIDENT</b>				
Name	Home address		Home phone #	
	Business address		Cell phone #	
Name	Home address		Home phone #	
	Business address		Cell phone #	
Name	Home address		Home phone #	
	Business address		Cell phone #	
Name	Home address		Home phone #	
	Business address		Cell phone #	
<b>DESCRIBE THE INCIDENT</b>				
				<i>(continue on the back)</i>
<b>PLEASE READ BEFORE SIGNING</b> 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	
<b>OFFICE USE ONLY</b>				
Person receiving complaint		ID #	Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Place where complaint was taken			Incident #	
Complaint assigned to		Date	Due date	

