HAWAII POLICE DEPARTMENT

Written Complaint

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

LOCATION OF INCIDENT: _____

DATE OF INCIDENT: _____ TIME OF INCIDENT: _____

STATEMENT OF COMPLAINT

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Additional Sheets Attached ☐

Subscribed and sworn to before me

This _____ day of _____, 20_____

Signed: _____

Date: _____ Time: _____

Notary Public, Third Judicial Circuit
State of Hawaii

My Commission Expires: _____

PO/FORM GO 302-A