

COMPLAINT NO. HPC _____

Date received: _____

Days from incident: _____

**COUNTY OF HAWAI'I
POLICE COMMISSION**

Aupuni Center

101 Pauahi St., Suite 9, Hilo, Hawai'i 96720

Phone: (808) 932-2950

COMPLAINT OF MISCONDUCT AGAINST OFFICERS OR EMPLOYEES

The Police Commission investigates complaints of misconduct against officers or employees of the Hawai'i Police Department **while on duty or acting under the color of authority**. The complaint must be received in the commission's office **not more than 90 calendar days from the date of the incident**.

PLEASE TYPE OR PRINT

NAME: _____ Birth Date: _____ SS# last 4 digits: _____

Mailing Address: _____ Phone: _____

Date of Incident: _____ Time: _____ Location: _____

ACCUSED OFFICER OR EMPLOYEE: (Name, badge number, or description if unknown.)

Name: _____

Name: _____

Name: _____

SUMMARY OF COMPLAINT: What is your complaint of misconduct against each officer or employee?
For example, the officer was discourteous while speaking to me. Summarize what happened.

I have prepared this Complaint of Misconduct Against Officers or Employees of the Hawai'i Police Department and hereby certify that, to the best of my knowledge, and under penalty of perjury, that I was an eyewitness to the events described in my complaint, and that the statements herein are true.

I understand that the Police Commission is not permitted to interfere in the administrative affairs of the Police Department, and the commission will report its findings to the Chief of Police.

I further understand that the rules of the Police Commission prohibit the release of confidential records by the Police Commission, except as authorized by HRS 92F.

COMPLAINANT'S SIGNATURE

PARENT OR GUARDIAN'S SIGNATURE
(If complainant is a juvenile.)

STATE OF HAWAI'I }SS
 }SS
COUNTY OF HAWAI'I }SS

Subscribed and sworn to me this _____ day of _____, 20____

Signature of Notary Public, State of Hawai'i

Printed name of Notary Public

_____ Judicial Circuit
My commission expires: _____