**Date Received:** 

## POLICE COMMISSION COUNTY OF HAWAI'I

Aupuni Center 101 Pauahi St., Suite 9, Hilo, Hawai'i 96720 Phone: (808) 932-2950 Fax: (808) 932-2949

## COMPLAINT OF MISCONDUCT BROUGHT BY THE PUBLIC

The Police Commission investigates complaints of misconduct against officers or employees of the police department <u>while on duty or acting under the color of authority</u>. The complaint must be received in the commission's office within 90 days of the incident. <u>A request for an exception to the 90-day rule must be in</u> writing with an explanation for the delay.

## PLEASE TYPE OR PRINT

NAME:		Birth Date:	SS# last 4 digits:
Mailing Address:			_ Phone:
Date of Incident:	Time:	Location:	
ACCUSED: (Name, badge num)	ber, or description if unkno	wn.)	
Name:			
Name:			
Name:			

Fill out form **HPCHEALTH** for release of your medical records of injuries sustained.

I have prepared the foregoing <u>Complaint of Misconduct Brought by the Public</u> and hereby certify that, to the best of my knowledge, and under penalty of perjury, the statements herein are true. I understand that the County Charter only permits the Police Commission to investigate complaints and to report its findings to the Chief of Police. In addition, I understand that the Police Commission is not permitted to interfere in the administrative affairs of the Police Department. I further understand that the rules of the Police Commission, as well as Hawai'i Revised Statutes, Chapter 92F, also known as the Privacy Act, prohibit the unauthorized release of confidential records by the Police Commission, except as permitted by a court of competent jurisdiction.

	STATE OF HAWAI'I )SS )SS			
Complainant's signature	COUNTY OF HAWAI'I )SS			
	Subscribed and sworn to me thisday of, 20			
Parent or guardian's signature if complainant is a juvenile				
	Signature of Notary Public, State of H	Signature of Notary Public, State of Hawai'i		
	Printed name of Notary Public			
	Judicial Circuit			
	My commission expires:			