HAWAI‘I POLICE DEPARTMENT
Office of Professional Standards
349 Kapiolani Street
Hilo, Hawai‘i 96720
(961-2328)

Written Complaint

YOUR NAME: ________________________________ DATE: ________________

ADDRESS: ______________________________ PHONE: ___________________

LOCATION OF INCIDENT: ____________________________________________

DATE OF INCIDENT: ___________________ TIME OF INCIDENT: ___________

ACCUSED EMPLOYEE: _____________________________ BADGE NO.: ______

STATEMENT OF COMPLAINT
(Specific Complaint Against Individual Employee)

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____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Additional Sheets Attached ___

Subscribed and sworn to before me

This _______ day of _________, 20_____ Signed: ___________________________