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.

NAME:	Birth	Date:	SS# last 4 digits:	
		Phone:		
Date of Incident:				
ACCUSED OFFICER OR EM	PLOYEE: (Name, badge nun	nber, or description	on if unknown.)	
Name:				
Name:				
Name:				
SUMMARY OF COMPLAINT For example, the officer was disc				

Department and hereby certify that, to the best of eyewitness to the events described in my complaints. I understand that the Police Commission is not performent, and the commission will report its firm	ermitted to interfere in the administrate	true.	
I further understand that the rules of the Police C Police Commission, except as authorized by HRS	<u>-</u>	nfidential records by the	
	CTATE OF HAWARE	C C	
		SS SS	
COMPLAINANT'S SIGNATURE	,	SS	
	Subscribed and sworn to me this		
PARENT OR GUARDIAN'S SIGNATURE	day of	, 20	
(If complainant is a juvenile.)			
(Signature of Notary Public, State of Hawai'i		
	Printed name of Notary Public		
	Judicial Circuit		
	My commission expires:		