

Complaint No. HPC \_\_\_\_\_

Date Received:

**HAWAII COUNTY POLICE COMMISSION**

The Hilo Lagoon Centre  
101 Aupuni Street, Suite 313, Hilo, Hawai'i 96720  
Phone: 961-8412 Fax: 961-8563

**COMPLAINT OF MISCONDUCT BROUGHT BY THE PUBLIC**

The Police Commission investigates complaints of misconduct against officers or employees of the police department **while on duty or acting under the color of authority**. The complaint must be received in the commission's office within 60 days of the incident. A request for an exception to the 60-day rule must be in 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 number, or description if unknown.)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**SUMMARY OF COMPLAINT:** Describe in detail the incident that led to this complaint.

**What is your specific complaint against each person? How could it be resolved to your satisfaction?**

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

Rev. 5/19/09

**(TURN PAGE OVER TO SIGN & NOTARIZE COMPLAINT.)**

