HAWAII POLICE DEPARTMENT
Internal Affairs Unit
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

_____

_____

_____

_____

_____

_____

_____

_____

Additional Sheets Attached ☐

Subscribed and sworn to before me

This _____ day of _____, 20_____

Signed: _____

Date: _____ Time: _____

Notary Public, Third Judicial Circuit
State of Hawaii
My Commission Expires: _____