HAWAI'I POLICE DEPARTMENT
OFFICE OF PROFESSIONAL STANDARDS
349 Kapiolani Street Hilo, Hawai'i 96720

WRITTEN COMPLAINT

NAME: _____ ADDRESS: _____

HOME PHONE: _____ CITY: _____ STATE: _____ ZIP CODE: _____

ID NO. (e.g., Driver's License, State ID): _____ DATE OF BIRTH: _____

OCCUPATION: _____ EMPLOYER: _____

BUSINESS PHONE: _____ BUSINESS ADDRESS: _____

LOCATION OF INCIDENT: _____

DATE/TIME/DAY: _____

ACCUSED OFFICERS(S)/EMPLOYEE(S): _____

In an effort to conduct a thorough and impartial investigation, the Professional Standards Office requires the complainant to provide a detailed statement answering all of the following questions.

1. Please describe your complaint in detail. (For example, the officer/employee was discourteous while speaking to me.)

_____

_____

_____

2. Can you identify or describe the officer(s)/employee(s) involved? If so, please explain.

_____

_____

_____

3. Were there any witnesses? Please list their names, telephone numbers, and addresses.

_____

_____

_____

_____ _____ _____
Initial *Date* *Time*

OFFICE OF PROFESSIONAL STANDARDS
WRITTEN COMPLAINT
CONTINUATION REPORT

4. Were you injured? Please explain.

5. Did you receive any medical treatment? If so, where? What kind? Please explain, including the Hospital and the doctor's name.

6. Would you consider taking a polygraph examination? ☐ Yes ☐ No

7. Please describe the incident. What happened?

Initial *Date* *Time*

OFFICE OF PROFESSIONAL STANDARDS
WRITTEN COMPLAINT
OPEN-ENDED CONTINUATION

Initial *Date* *Time*

OFFICE OF PROFESSIONAL STANDARDS
WRITTEN COMPLAINT CONTINUATION
AND NOTARIZATION

Affidavit, County of Hawaii, State of Hawai'i

I, _____ , being first duly sworn, declare that I am the person

named in the foregoing document; that I have read the same and know the contents thereof; and That, to the best of my knowledge and belief, the answers and statements contained in the document are true and correct and are made in good faith.

Subscribed and sworn to before me
this _____ Day of _____ , 20 ____

_____
Signature

_____
NOTARY PUBLIC, FIRST JUDICIAL CIRCUIT, STATE OF HAWAII

_____ _____
Date *Time*

_____
PRINTED NAME

My commission expires _____

SEE ATTACHED NOTARY CERTIFICATION

NOTARY CERTIFICATION

Document Date: _____

No. of Pages: _____- pages, including Notary Certification.

Notary Name: _____

Document Description:

_____

_____

_____

Notary Signature Date