Complaint No. HPC _____ **Date Received:**

HAWAII COUNTY POLICE COMMISSION

The Hilo Lagoon Centre
101 Aupuni Street, Suite 313, Hilo, Hawaii 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:_____ S.S.#:_____ Birthdate:_____

Address:_____ Phone:_____ Work 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.

 (TURN PAGE OVER TO SIGN & NOTARIZE COMPLAINT.)

I have prepared the foregoing Complaint of Misconduct Brought by the Public and hereby certify that, to the best of my knowledge, and under penalty of perjury, the statements herein are true. I understand that the County Charter only permits the Hawaii County Police Commission to investigate complaints and to report its findings to the Chief of Police. In addition, I understand that the Police Commission is not permitted to interfere in the administrative affairs of the Police Department. I further understand that the rules of the Hawaii County Police Commission, as well as Hawai‘i Revised Statutes, Chapter 92F, also known as the Privacy Act, prohibit the unauthorized release of confidential records by the Police Commission, except as permitted by a court of competent jurisdiction.

_____

Complainant's signature

_____

Parent or guardian's signature if complainant is a juvenile

STATE OF HAWAI‘I)SS
)SS
COUNTY OF HAWAI‘I)SS

Subscribed and sworn to me this
_____day of _____, 20____.

_____
Signature of Notary, State of Hawai‘i

_____
Printed name of Notary

My commission expires: _____