Clear Form

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

HAWAI`I 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.)***

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 Hawai`i 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 Hawai`i 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 Public, State of Hawai`i

_____
Printed name of Notary Public

_____ Judicial Circuit

My commission expires: _____