

HAWAI'I POLICE DEPARTMENT
Office of Professional Standards
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
(Specific Complaint Against Individual Employee)

Additional Sheets Attached ____

Subscribed and sworn to before me

This _____ day of _____, 20____ Signed: _____

Date: _____ Time: _____

Notary Public, Third Judicial Circuit
State of Hawai'i
My Commission Expires: _____

(Notary Certification to be affixed)

HPD/OPS-001 (PO/FORM GO 302-A)

(04-25-12)

OFFICE OF PROFESSIONAL STANDARDS