

STATE OF HAWAII)

:SS

COUNTY OF MAUI)

APPROVED/DENIED FOR INVESTIGATION

COMPLAINT REGISTRATION

Have you filed a complaint with Internal Affairs? Yes No

Is it your intention to seek remedies through a civil suit? Yes No

If yes, please provide name of attorney

COMPLAINANT

ADDRESS PHONE

EMPLOYER OCCUPATION

ADDRESS PHONE

NAMED RANK

NAMED RANK

NAMED RANK

Check all that apply:

Inappropriate behavior Offensive Language Use of Force Other

Summarize your complaint here (if necessary, add letter):

WHERE OCCURRED

DATE AND TIME OCCURRED

ARRESTED? POLICE REPORT NO. OFFENSE

CITATION NO. VIOLATION

DOCTOR HOSPITAL

INJURIES

Subscribed and sworn to before me this day of, 20

Notary Public, Second Judicial Circuit State of Hawaii

My commission expires:

Notarized Signature of Complainant

For Official Use Only

File No. MPC

Received by

Date/Time Received

Investigator Assigned