1. All complaints against the conduct of employees and/or department shall be in writing and on a form prescribed by the Fire Commission.

2. All complaints must be notarized.

3. All complaints must be filed within thirty (30) calendar days from occurrence. Charges filed thirty (30) calendar days after occurrence shall not be investigated unless the Fire Commission finds good cause for an extension of time. In any event, the Fire Commission CANNOT consider any complaints filed more than 180 calendar days from occurrence.

4. If the complaint is not on proper form or if complainant fails to have complaint notarized, such complaint shall be considered incomplete and will be returned to the complainant. It is the responsibility of the complainant to timely file a complete complaint. The Commission shall not consider improperly submitted complaints.

5. The complaint shall be considered filed when personally delivered or mailed to:

   Commission Secretary  
   County of Kaua‘i  
   Fire Commission  
   4444 Rice Street, Piikoi Building Suite 300  
   Līhu‘e, Hawai‘i 96766

   The Commission’s secretary shall note the date the complaint is received by the department on the first page of the complaint. In cases where the complaint is delivered by mail, the post-mark on the envelope shall be used as a receipt date of the complaint.

6. All complaints are considered CONFIDENTIAL and will be discussed at the next available regular Fire Commission meeting in executive session. The secretary of the Commission will provide a case number assigned to the complaint to the complainant.

7. The Chair of the Kaua‘i Fire Commission shall provide written acknowledgement and status of the complaint to the complainant once the Commission has taken action on the complaint. A case number will be provided to the complainant. Complainant should direct all written communication to the Commission’s secretary or direct any oral discussion about the case to the Commission at an office meeting of the Kaua‘i Fire Commission. The complainant should not contact individual commissioners outside of the official Commission meeting.

8. FOR FURTHER DETAIL, THE COMPLAINANT SHOULD CONSULT WITH THE COMPLETE FIRE COMMISSION RULES. THESE GUIDELINES ARE TO BE USED ONLY AS A GUIDELINE FOR THE COMPLAINANT.

*Approved by the Commission on June 4, 2007.
KAUAI FIRE COMMISSION
Formal Complaint
CONFIDENTIAL

I, ________________________________________________,
whose residence address is ________________________________________________,
and whose mailing address is ________________________________________________,
and whose business phone is ____________________ and whose resident phone is ________________,
do hereby affirm that the information given by me is true and correct to the best of my knowledge and belief.

The above-named applicant makes the following complaint against:

____________________________________________,
of the Kauai Fire Department.

Name of Employee(s)  Badge No.

The charge is based on the following factual information or observations:

COMPLAINT: __________________________________________________________________________
____________________________________________________________________________________

DATE OF OCCURRENCE: ________________  TIME OF OCCURRENCE: ________________
PLACE OF OCCURRENCE: __________________________________________________________

EMPLOYEE WAS:  □ On-Duty  □ In-Uniform  □ Off-Duty

LIST ANY FIRE PERSONNEL PRESENT: ________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

WITNESSES: Please list names, if any, and attach their statement.
____________________________________________________________________________________
____________________________________________________________________________________
I hereby affirm that the information given by me is true and correct to the best of my knowledge and belief.

Signature __________________________ Date ____________

Doc. Date: ________________ # Pages: ______
Doc. Description: ______________________

Notary Name: ____________________________________________

Subscribed and sworn to before me this ______ day of ____________, __202__

________________________________________________________

Notary Public, State of Hawai‘i
My commission expires: ____________________________________

(Use additional sheets as needed)
WITNESS STATEMENT

_______________________________________________
Signature

Date

(Use additional sheets as needed)