

KAUAI POLICE DEPARTMENT

INTERNAL AFFAIRS UNIT FORMAL COMPLAINT

CONFIDENTIAL

NAME	B:			1	PHONE:	
ADDR	ESS:		CITY:		STATE:	ZIP:
DATE	OF BIRTH: _		EMAIL: _			
OCCU	PATION:		EMPLOY	YER:		
BUSIN	NESS PHONE:		BUSINESS ADDR	ESS:		
LOCA	TION OF INCI	DENT:				
DATE	/TIME/DAY: _			-		
ACCU	SED OFFICER	(S):			-	
	e a detailed state	ement answering all	artial investigation, the In of the following question detail. (For example, th	18.	-	•
2.	Can you iden	tify or describe the (Officer(s) involved? If so	o, please explain		
3.	Were there ar	ny witnesses? Please	e list their names, telepho	one numbers, and	d addresses.	



FORMAL COMPLAINT CONFIDENTIAL

4.	Were you injured? Please explain.
5.	Did you receive any medical treatment? If so, where? What kind? Please explain, including the Hospital
	and the Doctor's name?
6.	Would you consider taking a polygraph examination? Yes No
7.	Please describe the incident in detail. What happened?



CONFIDENTIAL

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Initials _____



Certification- MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

Initials _____

Affidavit, County of Kauai, State of Hawaii

e same and know the	e contents thereof; ar	nd That, to the best of my	
ents contained in the	document are true an	nd correct and are made in	
	Signature		
	Date	Time	
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