

STATE OF HAWAII  
DEPARTMENT OF LAND AND NATURAL RESOURCES  
DIVISION OF CONSERVATION AND RESOURCES ENFORCEMENT  
INTERNAL AFFAIRS WRITTEN COMPLAINT

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS ADDRESS: \_\_\_\_\_

LOCATION OF INCIDENT: \_\_\_\_\_

DATE/TIME/DAY: \_\_\_\_\_

ACCUSED OFFICER(S): \_\_\_\_\_

In an effort to conduct a thorough and impartial investigation, Internal Affairs requires the complainant to provide a detailed statement answering all of the following questions.

1. Please describe your complaint. (For example, the officer was discourteous.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Can you identify or describe the officer(s) involved? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Were there any witnesses? Please list their names, telephone numbers, and addresses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Initial                  Date                  Time

INTERNAL AFFAIRS WRITTEN COMPLAINT CONTINUATION REPORT

4. Were you injured? Please explain.

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5. Did you receive any medical treatment? If so, where? What kind? Please explain, including the hospital and the doctor's name. \_\_\_\_\_

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6. Would you consider taking a polygraph examination?                          Yes                          No

7. Please describe the incident. What happened? \_\_\_\_\_

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\_\_\_\_\_  
Initial                          Date                          Time



INTERNAL AFFAIRS WRITTEN COMPLAINT CONTINUATION AND NOTARIZATION

Multiple horizontal lines for text entry.

AFFIDAVIT

I, \_\_\_\_\_, being first duly sworn, declare that I am the person named in the foregoing document; that I have read the same and know the contents thereof; and that, to the best of my knowledge and belief, the answers and statements contained in the document are true and correct and are made in good faith.

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
PRINTED NAME

My commission expires \_\_\_\_\_.