

# 658

Howard, Michelle

**From:** Max Brantley [maxbrantley@arktimes.com]  
**Sent:** Thursday, December 01, 2011 10:47 AM  
**To:** Carpenter, Tom  
**Subject:** FOI

**RECEIVED**

DEC 01 2011

PIO

Have any citizen complaints ever been filed against David Hudson? If so, I'd like copies and results of investigations under the FOI. As I'm sure you know, the attorney general and courts have held these to be open under the FOI, not part of personnel records.

Max,  
Lt. Hudson only has "2" Citizen Complaints.  
They are attached.

11/23/09 1 of 3

Chief David Rowen,

I WANT TO THANK YOU FOR PUTTING AN END TO MY MADNESS. I KNOW NOW IN MY HEART THAT I'VE MADE BAD CHOICES IN MY LIFE. I'VE HURT THE DEPT. IMAGED AS WELL. BUT I'M WRITING YOU BECAUSE I'VE HURT YOU AND LT. DAVID HUDSON THE MOST, IN THE OFFICE OF LAW ENFORCEMENT. I'M ASKING FOR YOUR FORGIVENESS AS I'VE ASKED GOD, TO FORGIVE ME.

I'VE LOST A WIFE OF 30 YRS. AND TWO OF MY THREE SONS HAVE NOT SPOKE TO ME SINCE THESE BAD THINGS HAPPENED.

Chief Rowen, just before I RETIRED I HAD A VISION THAT I WOULD HAVE CHILDREN AND THAT I WOULD GO TO JAIL AND THIS HAS COME TRUE. I'VE BEEN IN THE HOLE FOR 25 DAYS NOW AND I HAVE TURNED MY LIFE OVER TO GOD.

YOU SEE I WAS A NONE BELIEVER, BUT ON NOV. 6<sup>TH</sup> 2009 I CONFESSED MY SINS TO HIM AND ASKED FOR FORGIVENESS.

I JUST WANT TO SAY THAT I'M SORRY FOR THE WRONG I'VE DONE AND PRAY THAT YOU AND THE LRPD WILL FORGIVE ME. E... + ...

INTERNAL AFFAIRS

LITTLE ROCK POLICE DEPARTMENT  
CITIZEN COMPLAINT FORM

DATE: 11/13/09  
TIME: 1300 hrs  
BY WHOM: Sgt. Brandford  
CASE #: 09-4285

TYPE OF COMPLAINT:

EMPLOYEE MISCONDUCT

SERVICE (QUALITY OF)

ACCIDENT

COMPLAINANT'S NAME Ralph Jackson R/S B/M DOB: 01/01/58	ADDRESS APT. ZIP 1821 E. 38th St. Little Rock AR 72206	TELEPHONE NUMBER 501-296-9900
EMPLOYER'S NAME None	BUSINESS ADDRESS	TELEPHONE NUMBER
TIME <del>1545</del> IF 1100	DATE OF OCCURRENCE 10-30-09	LOCATION OF OCCURRENCE 12th and Woodrow St.
ARREST OR CITATION Arrest	IF YES, CHARGES? Delivery of Cocaine	WARD # ATTORNEY'S NAME Jeff Rosenzweig

BRIEF DESCRIPTION OF COMPLAINT:

Jackson alleges that he was thrown to the ground and spit on by Lt. Hudson. Jackson named Lt. Hudson by name.

NAME OF EMPLOYEE(S) INVOLVED Lt. David Hudson	DIVISION SFD	POSITION Lt.
DATE COMPLAINT TAKEN 10-30-09	TIME COMPLAINT TAKEN 1545	
SIGNATURE OF COMPLAINANT 	SIGNATURE OF EMPLOYEE RECEIVING COMPLAINT Sgt. Brandford 1921	

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CITIZEN COMPLAINT FORM  
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WITNESSES	ADDRESS	RELATIONSHIP	TELEPHONE #
off. Pope	LRPD	None	

OBSERVATIONS OF SUPERVISOR FILLING OUT COMPLAINT FORM: (Is complainant abusive or polite, thought to be under the influence of drugs or alcohol or sober, emotionally and/or mentally upset or calm, etc.)

Jackson was very calm.  
Mumbles when speaks.  
Lethargic appearance.

DISPOSITION: (To be filled in by Chief of Police, Internal Affairs Officer and/or Division Commander)

Withdrawn (12-4-09)

NOTE: All complaints involving physical abuse shall be forwarded immediately to the Office of Internal Affairs by the Division Commander.

All other complaints shall be forwarded within 24 hours of the time the complaint is received to the Office of Internal Affairs.

1 of 2

# LITTLE ROCK POLICE DEPARTMENT CITIZEN COMPLAINT FORM

<b>INTERNAL AFFAIRS</b>	
DATE:	12-31-06
TIME:	1400
BY WHOM:	Sgt. King
CASE #:	06-3819

**TYPE OF COMPLAINT:**

EMPLOYEE MISCONDUCT

SERVICE (QUALITY OF)

ACCIDENT

COMPLAINANT'S NAME <i>Jay Parks</i> RS <i>B/m</i> DOB: <i>8-20-83</i>	ADDRESS APT. ZIP <i>6608 Chateau Dr Little Rock, AR 72209</i>	TELEPHONE NUMBER <i>501-565-9657 Hm</i>
EMPLOYER'S NAME <i>Cooperative Building Services</i>	BUSINESS ADDRESS	TELEPHONE NUMBER <i>501-565-2000</i>
TIME <i>2200</i>	DATE OF OCCURRENCE <i>12-18-06</i>	LOCATION OF OCCURRENCE <i>#19 Rosemont</i>
ARREST OR CITATION <i>Arrest</i>	IF YES, CHARGES?	WARD # ATTORNEY'S NAME

**BRIEF DESCRIPTION OF COMPLAINT:**

*Excessive Force*

NAME OF EMPLOYEE(S) INVOLVED <i>David Hudson 5501</i>	DIVISION <i>SID</i>	POSITION <i>Lieutenant</i>
DATE COMPLAINT TAKEN <i>12-19-06</i>	TIME COMPLAINT TAKEN <i>0240</i>	
SIGNATURE OF COMPLAINANT <i>K Jay Parks</i>	SIGNATURE OF EMPLOYEE RECEIVING COMPLAINT <i>Sgt. C. Gray</i>	

CITIZEN COMPLAINT FORM  
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WITNESSES	ADDRESS	RELATIONSHIP	TELEPHONE #
Corey Ward	unknown	Friend	unknown
Corey Bobo	unknown	Friend	unknown

OBSERVATIONS OF SUPERVISOR FILLING OUT COMPLAINT FORM: (Is complainant abusive or polite, thought to be under the influence of drugs or alcohol or sober, emotionally and/or mentally upset or calm, etc.)

Mr. Parks was very upset about what occurred; however, he was able to give a thorough statement.

DISPOSITION: (To be filled in by Chief of Police, Internal Affairs Officer and/or Division Commander)

Exonerated (1-8-07)

NOTE: All complaints involving physical abuse shall be forwarded immediately to the Office of Internal Affairs by the Division Commander.

All other complaints shall be forwarded within 24 hours of the time the complaint is received to the Office of Internal Affairs.