

# STATE OF WASHINGTON ETHICS COMPLAINT FORM

Case No. _____ (Assigned by Board)
---------------------------------------

**Before filling out this form, please read the following:**

- We are **precluded** by state law from investigating complaints against persons who are not state employees or who were not state employees at the time the alleged unethical conduct occurred.
- We have no jurisdiction to investigate matters regarding non-state employees or any agency action.
- We have no authority to investigate personnel matters or matters for which other remedies exist. These include grievances, appointments, promotions, reprimands, suspensions, dismissals, harassment, and discrimination.
- The issue(s) you are concerned with must have occurred **within 5 years from the date of the alleged violation.**
- Complaints must be submitted **on this form** by mail or e-mail to one of the addresses listed above.

**Please return this completed form to:**

**Executive Ethics Board  
PO Box 40149  
Olympia, WA 98504-0149**

**Or via email to:**

[ethics@atg.wa.gov](mailto:ethics@atg.wa.gov)

If you have questions about this form, or would like to request the form in an alternate format for the visually impaired, contact the Executive Ethics Board at (360) 664-0871 or write us at the above address. We will take reasonable steps to accommodate your needs.

**Your contact information:**

You are not required to provide your name. However, if you choose not to provide your name, we are unable to keep you updated on the progress of our investigation, or to consult with you regarding the details of your complaint.

As of July 28, 2013, under RCW 42.52.410

(3)(a) A state employee who files a complaint with the appropriate ethics board shall be afforded the protection afforded to a whistleblower under RCW 42.40.050 and 49.60.210(2), subject to the limitations of RCW 42.40.035 and 42.40.910. An agency, manager, or supervisor may not retaliate against a state employee who, after making a reasonable attempt to ascertain the correctness of the information furnished, files a complaint with the appropriate ethics board.

(b) A state employee may not be denied the protections in chapter 42.40 RCW even if the ethics board denies an investigation of the complaint.

(4) If a determination is made that a reprisal or retaliatory action has been taken against the state employee, the retaliator may be subject to a civil penalty of up to five thousand dollars.

Further, under RCW 42.52.420(4), the identity of a person filing a complaint under RCW 42.52.410(1) is exempt from public disclosure, as provided in RCW 42.56.240.

Name	Agency	Date
Home or mailing address	Division	Day phone
	E-mail address	Night phone
	Current position	Best time and number to call

# STATE OF WASHINGTON ETHICS COMPLAINT FORM

---

**Subject's contact information:**

Please file a separate form for each state employee or officer who you believe has violated the Ethics in Public Service Act.

Name	Agency	Division
Position	Location	Phone
Subject's Supervisor(s)	Supervisor's Position(s)	Supervisor's Phone

**1. What type of ethics violation(s) are you reporting?**

- Activities incompatible with public duties
- Financial interests in transactions
- Assisting in transactions
- Confidential information -- Improperly concealed records
- Special privileges
- Employment after public service
- Compensation for official duties or nonperformance
- Compensation for outside activities
- Honoraria
- Gifts
- Use of persons, money, or property for private gain
- Use of public resources for political campaigns.

**2. When and where did the ethical violation(s) occur?**

# STATE OF WASHINGTON ETHICS COMPLAINT FORM

---

---

### 3. Please describe the ethical violation(s) in detail

The more detailed information you provide us, the better we will be able to assess your concerns. Attach additional pages if needed.

**STATE OF WASHINGTON  
ETHICS COMPLAINT FORM**

---

---

**4. Where can we find, or can you provide, additional documentation to support your assertions?  
Please mail hard copies of documents to PO Box 40149, Olympia, WA 98504**

---

---

---

---

**5. Are there other witnesses? If so, please provide their contact information.**

---

---

---

---

**6. How do you know about the information you are disclosing here?**

---

---

---

---

---

---

---

---

---

---