STATE OF WASHINGTON
ETHICS COMPLAINT FORM

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 below.

Please return this completed form to: Executive Ethics Board
PO Box 40149
Olympia, WA 98504-0149

Or via email to: 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.

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.

If you choose, you may keep your identifying information exempt from disclosure under the Public Records Act, RCW 42.56.240, by initialing here: ____________

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<th>Name</th>
<th>Agency</th>
<th>Date</th>
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<tr>
<td>Home or mailing address</td>
<td>Division</td>
<td>Day phone</td>
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<td>E-mail address</td>
<td>Night phone</td>
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<td></td>
<td>Current position</td>
<td>Best time and number to call</td>
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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.

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<th>Name</th>
<th>Agency</th>
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<th>Position</th>
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<tr>
<th>Subject’s Supervisor(s)</th>
<th>Supervisor’s Position(s)</th>
<th>Supervisor’s Phone</th>
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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?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
3. Please describe the ethical violation(s) in detail
The more detailed information you provide us, the better we will be able to address your concerns. Attach additional pages if needed.
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 98504-0149

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

6. How do you know about the information you are reporting?