

Central Building 810 Third Avenue, Suite 705 Seattle, WA 98104 Telephone: 206-477-1050 Fax: 206-296-0948

Page 1 of 2 Rev. May 2024 TT

Allegation (continued)	
IV. Complainant Declaration	
I declare under penalty of perjury of the laws of the State of is true and correct to the best of my knowledge.	Washington that the foregoing
Signature Da	te and Place (e.g. city, state)
Name (please print)	
Address	
City State	Zip Code
Phone number(s)	
V. Request for non-disclosure.	
KCC 3.04.055(B) states: The complainant may state in writing whether the complainant wishes his or her name not to be disclosed pursuant to the provisions of RCW 42.56.240(2).	
I request that my name be kept confidential and not subject	to public disclosure.
Signature	Date

Ethics Complaint_____

Page 2 of 2 Rev. May 2024 TT