



King County
Office of the Ombuds
 Central Building
 810 Third Avenue, Suite 705
 Seattle, WA 98104
 Telephone: 206-477-1050 Fax: 206-296-0948

Ethics Complaint _____

Please review the ethics complaint filing guidelines and ethics code (KCC 3.04) before completing the complaint form. Please note that a copy of your complaint will be given to the respondent, pursuant to KCC 3.04.055(C). If you are alleging that more than one person may have violated the ethics code, please file a separate complaint for each individual.

I. Respondent(s) name and position:

II. Section of ethics code allegedly violated

Please cite the specific section(s) of the ethics code you believe to have been violated:

KCC 3.040. _____ (____) KCC 3.04. _____ (____) KCC 3.04 _____ (____)

III. Alleged violation of the ethics code:

I believe that the above-named respondent violated the ethics code identified above by engaging in the following conduct: (Describe the respondent's actions which you believed may have violated the ethics code. Be as specific as possible as to dates, times, places, and actions. Attach additional sheets if necessary.)

Ethics Complaint _____

Allegation (continued)

IV. Complainant Declaration

I declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

Signature

Date 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