



## KING COUNTY OFFICE OF THE OMBUDS

Dexter Horton Building

710 Second Avenue, Suite 500  
Seattle, WA 98104

Telephone: 206-477-1050 Fax: 206-296-0948  
OmbudsMail@KingCounty.Gov

### Lobbyist Disclosure Complaint

(# \_\_\_\_\_ office use only)

*Please review the Lobbyist Disclosure Code Summary and the Lobbyist Disclosure Code (KCC 1.07) before completing this complaint form. Please note that a copy of your complaint will be given to the respondent, pursuant to KCC 1.07.140(B). We encourage complainants to contact the Ombuds Office before filing a complaint.*

#### I. Respondent(s)

**Who are you filing the complaint about? Please provide the name, company, and any known contact information.**

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#### II. Alleged Lobbyist Disclosure Violation

I believe that the above-named respondent(s) violated the King County Lobbyist Disclosure Code by engaging in the following conduct: (Please cite specific sections of the Lobbyist Disclosure Code you believe to have been violated and the specific reasons why. Please include dates, times, places, and actions. Attach additional sheets if necessary.)

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**III. Additional Information**

Use this space for any additional information that would help investigators understand the facts surrounding your complaint. Attach any relevant materials that support your complaint.

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**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
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\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Address

_____ City	_____ State	_____ Zip Code
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**V. Request for non-disclosure**

KCC 1.07.140(A) states: “The complainant may state in the written complaint whether the complainant desires that his or her name be withheld from disclosure under [RCW 42.56.240(2)]....”

I request that my name be kept confidential and not subject to public disclosure.

_____ Signature	_____ Date
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