King County

King County Office of the Ombuds
Dexter Horton Building
710 Second Avenue, Suite 790
Seattle, WA 98104
Telephone: 206-477-1050 Fax: 206-296-0948

Whistleblower Improper Governmental Action Complaint

(#_____)

office use only

Please review the Whistleblower Protection Code Summary and the Whistleblower Protection Code (KCC 3.42) before completing this complaint form. We encourage employees to contact the Office of the Ombuds before filing a whistleblower complaint.

Pursuant to the Whistleblower Protection Code (KCC 3.42), I am reporting what I believe to be improper governmental action.

I am currently employed by King County: ○ Yes   ○ No

Name, position, and department of person(s) I believe to have engaged in improper governmental action:

_____

Type of Improper Governmental Action:

Which type of improper governmental action do you believe has occurred? Please check all that apply. If you know the particular law that has been violated, please provide it.

☐ Violation of state or federal law or rule or county ordinance or rule

_____
Please cite applicable state or federal law or rule, or county ordinance or rule

☐ Abuse of authority

☐ Gross mismanagement

☐ Substantial and specific danger to the public health or safety

☐ Gross waste of public funds

☐ Preventing dissemination of scientific opinion or altering technical findings without scientifically valid jurisdiction

Basis for reporting:

How do you know the information you are reporting?

○ Personal or direct knowledge

○ Others have told me about the situation

○ Other (please explain): _____

_____

Allegation of Improper Governmental Action:

Describe the alleged improper governmental action. Please be specific and include details and examples (who, what, when, where, how). What is the frequency of alleged improper governmental action? Attach an additional piece of paper as necessary.

Names and positions of those who may have witnessed the alleged improper governmental action:

Please list any additional evidence or documentation that would support your allegation of improper governmental action, and indicate whether you can personally provide that information. (You may provide us with supporting evidence when you file this report. If you are not supplying us supporting evidence at this time, please indicate when and how you plan to do so.)

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 (city, state)

Name (please print)

Address

City   State   Zip Code

Contact phone number(s)

Contact email address

Confidentiality

The whistleblower code protects the identity of an employee who reports improper governmental action to the extent allowed by law, *unless* that employee consents in writing to have his or her identity revealed.

If you do **not** wish to have your identity kept confidential, please sign below.

I hereby waive the confidentiality provision of KCC 3.42.040 and **consent to having my identity revealed.**

_____	_____
Employee's signature	Date

Whistleblower Protection Code Summary

We request that you read the Whistleblower Protection Code Summary and sign below before filing your complaint.

I acknowledge that I have read the Whistleblower Protection Code Summary and I understand its contents.

_____	_____
Employee Signature	Date