



KING COUNTY OMBUDS OFFICE

516 Third Avenue, Room W1039
Seattle, WA 98104
Telephone: 206-477-1050 Fax: 206-296-0948
ombuds@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.

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.)

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.

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
-----------	------

Name (please print or type)

Address

City	State	Zip Code
------	-------	----------

Phone number(s) and email address

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
-----------	------