

Office of the Ombuds
King County Court House
516 Third Avenue, Room 1200
Seattle, WA 98104
Telephone: 206-477-1050 Fax: 206-296-0948

Whistleblower Retaliation Complaint
(#_____)
office use only

Please review the Whistleblower Protection Code Summary and the Whistleblower Protection Code (KCC 3.42) before completing this complaint form.

Pursuant to the Whistleblower Protection Code (KCC 3.42), I am reporting retaliation related to a reported improper governmental action.

Name, position, and agency of persons(s) who has committed act of retaliation:

_____

_____

_____

Initial Report of Improper Governmental Action:
What improper governmental action was reported that resulted in the alleged retaliation?

I believe I was retaliated against because: (check all that apply)

___ I reported this alleged improper governmental action

___ I cooperated in an investigation related to this alleged improper governmental action

___ I gave testimony arising out of this alleged improper governmental action

Whistleblower Retaliation Complaint _____

If you were the reporter, to whom did you make your report of improper governmental action? What was the date of the report?

If your complaint was made in writing, please provide a copy of your report.

Allegation of Retaliation:

Describe the alleged retaliation. (Retaliation is defined as “any unwarranted adverse change in employment status or the terms and conditions of employment.”) Please include specific details. Attach an additional piece of paper, if necessary.

When did the alleged retaliation occur? Please also state the date you learned of the alleged retaliation, if different. (Retaliation must be reported within six months.)

Names and positions of those who may have witnessed the retaliation:

Please list any evidence of documentation that would support your allegation of retaliation, 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 such supporting evidence at this time, please indicate when you plan to do so.)

Relief from Retaliation:

Please state what you believe should happen to resolve your complaint.

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 identity of an employee who reports *improper governmental action* is protected unless that employee consents in writing to have his or her identify revealed. This confidentiality protection does **not** apply, however, to employees who are alleging whistleblower *retaliation b*ecause in order to conduct an investigation it is usually necessary to reveal the identity of the person claiming retaliation.

If you have concerns about having your identity revealed, please let us know and we will work with you to address those concerns to the extent possible.

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