

ETHICS COMPLAINT FORM

BEFORE THE ETHICS COMMISSION OF SNOHOMISH COUNTY

Any natural person who believes a person subject to the code of ethics has committed a violation of the code may file a complaint with the ethics commission. Please review the questions below prior to proceeding:

1. Is the complaint related to a specific provision of the code of ethics? (YES/NO) – SCC 2.50
2. Is the complaint based upon facts within your personal knowledge (YES/NO) – SCC 2.50.110(a)
3. Did the violation(s) occur during the past five (5) years? (YES/NO) – SCC 2.50.110(e)

If you answered YES to all three questions above, proceed to section one.

The Complainant named and, based upon facts within the personal knowledge of the Complainant, alleges a violation of [chapter 2.50, Snohomish County Code](#), as follows:

SECTION ONE

FIRST NAME OF COMPLAINANT

LAST NAME OF COMPLAINANT

TITLE

CITY, STATE AND ZIP CODE

ADDRESS

EMAIL ADDRESS

(_____) _____ (_____) _____
PHONE NUMBER SECONDARY PHONE

SECTION TWO

FIRST NAME OF RESPONDENT (alleged violator)

LAST NAME OF RESPONDENT (alleged violator)

TITLE

CITY, STATE AND ZIP CODE (if known)

ADDRESS (if known)

EMAIL ADDRESS (if known)

(_____) _____
PHONE NUMBER (if known)

SECTION THREE

The specific section(s) of the Ethics Code, [Ch. 2.50 Code of Ethics | Snohomish County Code](#), which have allegedly been violated are: Chapter 2.50. _____

SECTION FOUR (SCC 2.50.110(c))

A detailed factual description of the alleged violation including the date, time and place of each occurrence is as follows:

If additional space is needed, use additional pages, heading each page "Attachment to Complaint of Ethics Code Violation Section Three"

SECTION FIVE (SCC 2.50.110(d))

All available documentation or other evidence to support the allegations of this complaint is attached hereto, marked Exhibits 1 through _____, and hereby made a part hereof.

SECTION SIX

The names, street addresses, phone numbers and email addresses of other persons having knowledge regarding such violation, and a brief summary of the knowledge of such persons is as follows: (insert N/A if not applicable)

I declare under penalty of perjury under the law of the State of Washington that the foregoing statements are true and correct.

DATED this _____ day of _____, _____

Signature of Complainant

INSTRUCTIONS

All information set out in this Complaint must be electronically added or neatly printed. Incomplete or otherwise deficient complaints may be dismissed pursuant to [SCC 2.50.110](#).

Please return this form to: contact.council@co.snohomish.wa.us

or

Snohomish County Ethics Commission

C/O Ex-Officio Clerk

8th floor Drewel Building

3000 Rockefeller Avenue, M/S 609

Everett, WA 98201