



Describe in as much detail as possible the alleged Code of Ethics violation conduct. Attach additional sheets of paper, if necessary. Please include all documentation you believe demonstrates a violation. Your description should include the date, location and frequency of the alleged violation.

Please see attachments.

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**Names and positions of the persons who may have witnessed the event:**

Abraham Choate Quality Practice Specialist 541.589.2785

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**Evidence or documentation**

Please list any evidence or documentation that would support your allegation of a Code of Ethics violation. Indicate whether you can personally provide that information.

Documented timeline of events that occurred recorded by HR and I. Mental health assessments due to the impact of the events that occurred. In addition, emails and paystubs.

\_\_\_\_\_  
*Please see attachments*  
\_\_\_\_\_

\_\_\_\_\_

**Complainant Declaration**

I declare under penalty of perjury of the laws of the State of Washington that to the best of my knowledge, information, and belief formed after reasonable reflection, the information in the complaint is true and correct.

*Anthony Proctor*  
\_\_\_\_\_  
Complainant's Signature

6/16/26  
\_\_\_\_\_  
Date

Date and Place (e.g. City, State)

6/16/26, Spokane, WA  
\_\_\_\_\_

Anthony Proctor  
Name (please print): \_\_\_\_\_

9906 N Fotheringham St, Spokane, WA, 99208  
Address: \_\_\_\_\_

Phone Number(s): 5098551218

E-Mail Address: Aproctor2487@gmail.com

### Concerns regarding hostile work environment

**Work Assignments:** One area Anthony feels he has not been treated equally in is with work assignments. Prior to his protected leave, he was included on and assigned AIRS, briefings, etc. In late February/early March, he inquired about why he was not getting these assignments but his peers were. Alissa told him the unit wasn't getting many of these assignments which is why he was not getting assigned.

Anthony reports he hadn't done a case review since last year before getting one assigned in April. He reports he hasn't done a briefing since November when he trained Abe on the process. Typically, Alissa staff the case reviews upon assignment but in the one he received in April, this did not happen. When Alissa sent back multiple critiques on the case review, he did in April, he asked to staff/consult as it's been a while since he's done one and feels the multiple edits back-and-forth makes him look bad. See below 4/21/26 incident regarding his request to staff the case review.

**Scheduling concerns:** On or about 2/27/26, Alissa changed the schedule for his 1:1 supervision meetings with her from late morning, typically 11am-12pm, to 2pm-3pm. Anthony reports his schedule has always included him taking part of his lunch between 2:30pm-3pm to pick up his kids from school. He states this schedule has been in place since he started in 2021 and no supervisors have expressed every concern with this. He stated Alissa is aware of this caveat in his schedule but scheduled his 1:1 supervision meeting during this time anyway. He feels her scheduling these meetings is later is intended to interrupt the arrangement he has to pick up his kids from school.

**Monthly supervision 1:1** was scheduled for 2pm and Abe's was scheduled for 1pm. Anthony asked Abe if he wanted to change times which Abe agreed to as long as Alissa agreed. Anthony approached Alissa about this but instead of giving an answer, she said she "needs to take a phone call", asked him to leave her office, and shut door. When Anthony let Abe know, he didn't get the ok from Alissa, Abe started asking things like "why is she scheduling things differently with

you?" Anthony acknowledged he did tell Abe he's not sure but did wonder out loud to Abe if Alissa is just trying to make things difficult for him. Abe approached Alissa later and asked to switch 1:1 time with Anthony. Alissa did approve the switch after Abe requested it. Anthony

reports she appeared frustrated that she had to switch. After that, Anthony reports she started pushing for him to come into the office more often.

On 4/13/26, Alissa called Anthony at 10:33am asking if he was working or in the community/field or off for the day. He had been dropping his kids at school but they were having a difficult morning so it was taking longer than usual. Anthony let Alissa know this and said he was on his way back to his desk and would be there in 5 minutes. When Anthony asked why she was asking, Alissa stated "You've been away from your desk all morning" and that she was curious what he had been doing as she had something to assign to him. After getting back to his desk and receiving the assignment, he called Alissa back (around 10:50am) and asked to clarify what she meant by him being away from his desk this morning. She stated he had done nothing wrong but noticed his Teams (Microsoft Teams) showed his status as "away" and she was wondering why. Anthony explained that the team had not been given expectations regarding being active or using the chat function in Teams. He also informed Alissa that he "never" uses the chat feature in Teams, instead using email for written communications, and really only uses Teams for scheduled virtual meetings. A couple days later (4/16/26), Alissa sent an email to whole team instructing them to communicate amongst each other via Teams chat. After this email, everyone came up to Anthony unprompted asking him what is going on. He felt, and believes his peers felt, that this directive was because of Anthony and now everyone is being tracked now through Teams. That Friday at a team meeting, Alissa did ask everyone what they thought about Teams chat directive. Anthony reports everyone was given an opportunity to share their opinions which were split; some use the chat feature, some don't see the need for it, some were indifferent. Regardless of the opinions, Alissa did reiterate her expectation to use Teams

chat for internal team communications.

On 4/21/26, Anthony sent some case reviews and LE outlines to Alissa for review. Alissa emailed back with several changes. Anthony tried to call her as it seemed there was a misunderstanding, left a voice mail, then emailed asking to have a conversation about the corrections as it had been a while since he'd done a case review and just wanted to staff this one. She called him back and asked if he can come into the office to staff it. She said she was only available that day between 2:30-3pm. Anthony reminded her that he picks up his kids from school during that time and asked if they could do the meeting virtual instead. Anthony reports she then responded by saying she was no longer available for the rest of the day. He said he was unsure why she was not able to meet via Teams and asked again for a virtual consult. Anthony reports Alissa then said "I order you to come to the office. If you don't follow this order, you'll have to answer to HR." Anthony states he said "ok you gave me an order, see you in a bit. But just so you know when I get there I'll need to leave at 2:45pm". Alissa then said "get here, go get your kids, then come back". Anthony said "ok" but then decided to take leave for the day and file a formal complaint.

Anthony feels Alissa is purposefully trying to make him come in at times when she knows he is not available. He also believes Alissa threatened his job by "ordering" him to come into the office and expressing he would have to "answer to HR" if he didn't. Anthony stated he has never felt discriminated against in Spokane until Alissa made this threat.

**Group/Team meetings.** In the past, everyone had an opportunity to report on cases and/or projects. Since his return from protected leave during the February and March meetings (2/20/26 & 3/27/26) Alissa stopped asking Anthony to report out during these team meetings. She calls on

everyone else to report out except Anthony. After a couple meetings of this, Abe asked Anthony why he isn't being called to report out stating "What is going on between you and her?" At the

April meeting, Alissa specifically began the meeting stating everyone needs to be reporting out at team meetings but Anthony didn't get a chance to report out. Before that meeting ended, Anthony said to the group that he wanted to report out on law enforcement project he'd been working on but because they were short on time, he'd report out next month. Anthony states Alissa seems a little put out by him making that statement. Anthony did report that last Friday's team meeting on 5/1 was best one so far. Alissa Made everyone feel like they belong there and he hasn't felt that way the last 3 meetings.

Outside employment/volunteering and comments about personal matters.

On 4/28/26 had a very concerning conversation with Alissa. Anthony had applied for coaching job and listed Alissa as a reference as his current supervisor. He initially didn't let her know as he didn't expect to be a top candidate. Turns out he is so he let her know about the application and reference check. Alissa expressed concerns such as "I'm so concerned how you'll meet business needs," that she was "concerned about another extra thing in your life". He explained the coaching schedule was after workhours so he didn't think there were any concerns. Alissa then mentioned personal struggles he had mentioned to her before as additional concerns. Anthony explained that those issues are resolved and don't impact his job so there should be no reason to be concerned. She then said, "you didn't ask me to be reference" and seemed frustrated by this.

Ultimately, she instructed him to complete the Outside Employment form should he get the hired in the coaching job.

**Unequal Treatment.** In addition to disparate work assignments as noted above, Anthony is a volunteer coach for his youngest daughter's team which Alissa is aware of. Recently she told him that had to do the outside employment form for volunteer coaching as well as paid. His co-Worker, Steven, also coaches in same program and Steven reported that he was never asked to complete an outside employment by Alissa. However, Alissa stated that she had concerns about Anthony's coaching duties and how he will be able to add additional tasks in his life.

On another occasion, Anthony has completed case assignment work within the last year and half, completing roughly 50-85 investigations. However, Anthony was promised to receive 1- percent assignment pay but never did. In addition, Anthony's position has seniority over the positions that receive assignment pay which means that Anthony should have received as well. Anthony was asked to close cases again in June of 2026, but when he refused, leadership attempted to convince Anthony that they did not need to pay him 10 percent. Anthony then emailed the regional administrator and informed her that I would not be completing any case work without receiving assignment pay, as I do not want to experience the same thing as I did in the past. I have never been compensated for this still.

**Canceling my exit interviews:** I contacted HR to file an additional complaint about how the complaint was handled on 6/8/26. Prior to this, I scheduled an exit interview with my area administrator and the CWTAP administrator. However, both meetings were canceled, and this forced me to file an additional complaint with the assistant secretary of DCYF. I now have an exit interview scheduled with the assistant secretary and the CWTAP administrator contacted me back and scheduled a meeting.

**Mental health/resignation:** I have decided to resign from DCYF due to the hostile work environment that my supervisor has created. In addition, I completed a mental health assessment on 6/9/26 and was diagnosed with depression, p and anxiety due to my recent experiences with DCYF. I can provide the corroborating documentation to support this as well from my mental health provider.

## MH Video Visit - Jun 09, 2026

with Sara Ann Joy at Tacoma Mental Health

 Notes from Care Team 

Progress Notes by Sara Ann Joy at 6/9/2026 4:00 PM

Patient identity confirmed by two patient identifiers, per Red Rule.

### **Abridge Consent:**n/a

**Summary:** Client presented for his initial intake appointment, Client is feeling stressed due to working for CPS the last 9 years, and feeling targeted at his job with his supervisor and such over the last year. Client has been newly diagnosed with diabetes. He was in school and was gasping for air, he couldn't breath, he drove himself to the hospital, they reset his heart and did blood work discovered he is diabetic."I filed a complaint at my job, because one lady threatened me, and my wife doesn't understand this, as she is from a different cultural background, she is caucasian, and I need her to understand". Client has been together for 13 years, married for 9 years. Client is finishing his MSW soon, and will be doing his practicum hours through this company to do it, as well as family preservation services or such as a contracted provider through these services, through grass roots therapy group. He would like to learn to regulate his emotions and reduce the anxious feelings and thoughts he is experiencing, he believes this is primarily due to the work related stress factors. He is transferring to a new employer next month and will update therapist at next appointment regarding his insurance with Kaiser if this will be ending or not.

### **Diagnosis and Treatment Plan**

(F41.1) Generalized anxiety disorder (primary encounter diagnosis)

Comment: Increased and heightened symptoms over last year due to work related targeting.

Plan: Psychodiagnostic mental health evaluation without medical services.

(F33.1) Major depressive disorder, recurrent episode, moderate

Comment: Experiencing heightened symptoms due to work related stress, being targeted.

Plan: Psychodiagnostic mental health evaluation without medical services.

## Treatment Goal/Plan

Effective Treatment Plan Goals are Specific, Measurable, Achievable, Realistic, and Time-bound (SMART). Integrate these elements into the sections below.

Treatment goal: Client would like to learn how to manage and regulate the anxious and depressive symptoms due to work related stress factors from being discriminated and targeted by his supervisors.

As measured by: Self reporting, emotion regulation, DBT skills for interpersonal effectiveness while dealing with others that are difficult.

Anticipated time needed to accomplish this goal: One individual session every two weeks over ten sessions.

*Last updated by Joy, Sara Ann, MLT on 6/9/2026*

Treatment Progress: I - Initial visit with this provider. Treatment progress to be assessed next visit

**Patient Goals:** Client would like to learn how to manage and regulate the anxious and depressive symptoms due to work related stress factors from being discriminated and targeted by his supervisors.

As measured by: Self reporting, emotion regulation, DBT skills for interpersonal effectiveness while dealing with others that are difficult.

Psychiatry Referral You will be seeing a psychiatric provider who is caring, compassionate, knowledgeable and skilled about your mental health condition. The psychiatry provider expertise is on clarifying your diagnosis and if appropriate to prescribe medication to reduce your mental health symptoms and improve your overall sense of well-being. Your psychiatric provider could also consult with your primary care provider, as appropriate, regarding the best medications to manage your symptoms.

**Follow up:** 2. Based on clinical need and assessment of risk, it is recommended the member return within the next 14 calendar days by 6/15. Therapist has availability for appt within 14 calendar days. Patient booked for appointment by therapist within 14 calendar days on 6/15.

### **Patient Narrative**

No chief complaint on file.

Anthony is seeking treatment to learn how to manage and regulate the anxious and depressive symptoms due to work related stress factors from being discriminated and targeted by his supervisors.

As measured by: Self reporting, emotion regulation, DBT skills for interpersonal effectiveness while dealing with others that are difficult.

### **Social History**

**Racial/ethnic/cultural identities important for treatment: Black/African American**

**Gender identity: Male**

**Pronouns: he/him**

**Sexual orientation: Hetero**

**Supports/strengths (spiritual, cultural, family): Wife, two children**

**Living situation: own home with wife and 2 children.**

**Employment/disability status: f/t SW, in leadership for CPS.**

**Trauma/abuse: no**

**Discrimination: feels targeted at his job.**

### **History of the Present Illness**

The following specific symptoms were reported during today's session:

**Suicidal ideation: Denies suicidal ideation.**

**Homicidal ideation:** No

**Depression**

depressed mood most of the day, markedly diminished interest or pleasure in all or almost all activities most of the day, significant weight gain or increase in appetite, significant weight loss or decrease in appetite when not dieting, insomnia, hypersomnia, psychomotor agitation, psychomotor retardation, fatigue or loss of energy, feelings of worthlessness and excessive or inappropriate guilt

**Bipolar**

no symptoms identified

**Psychosis**

no symptoms identified

**Anxiety**

Generalized Anxiety: restless or feeling keyed up or on edge, being easily fatigued, irritability, muscle tension, sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

Social Anxiety: worry about scrutiny, worry about showing anxiety, social situations almost always provoke fear/anxiety

Panic Attacks: further assessment needed

OCD: no symptoms identified

**Trauma**

further assessment needed

**Sleep**

further assessment needed

**Disordered Eating**

no symptoms identified

**Disruptive Behaviors**

ADHD: no symptoms identified

Borderline Personality Disorder: no symptoms identified

Oppositional Defiant Disorder: no symptoms identified

Conduct Disorder: no symptoms identified

**Substance Use**

did not assess

**Adjustment**

no symptoms identified

Overall symptom severity is severe

Duration of current symptoms: 1 year

Symptoms are having significant impact on following areas of functioning:  
Family, Social, Occupation, and Health

Life events relevant to presenting problem: Employment Stress, Family

6/9/2026

16:27

**Score and Results**

|               |                     |
|---------------|---------------------|
| GAD-2 Score   | 6                   |
| GAD-7 Score   | 17                  |
| GAD-7 Results | 15-21: Severe       |
| PHQ9 Score    | 13                  |
| PHQ-9 Results | Moderate depression |

**Psychiatric History**

Never been treated

**Family Psychiatric History**

No

**Substance Use History**

N/A

**Pertinent Medical History**

Diabetes

**Mental Status Exam**

Appearance: No abnormal concerns noted

Behavior: No abnormal concerns noted

Mood/Affect: No abnormal concerns noted

Verbal presentation: No abnormal concerns noted

Orientation: oriented to time, place, and person

Cognition: No abnormal concerns noted

Thought processes: No abnormal concerns noted

**Visit Type**

Patient was given disclosure statement: Already completed and confirmed in Chart

Session attended by: Patient

Duration of Visit: 60 minutes

This visit was completed via Video Visit: Location of patient: Home in Washington State Location of provider: KPWA clinic

## MH Video Visit - Jun 15, 2026

with Sara Ann Joy at Tacoma Mental Health



Notes from Care Team



Progress Notes by Sara Ann Joy at 6/15/2026 9:30 AM

Patient identity confirmed by two patient identifiers, per Red Rule.

**Abridge Consent:**n/a

### Diagnosis and Treatment Plan

(F41.1) Generalized anxiety disorder (primary encounter diagnosis)

Comment: Increased and heightened symptoms over last year due to work related targeting. Scored 14 on the GAD 7.

Plan: Psychotherapy 60 min

(F33.1) Major depressive disorder, recurrent episode, moderate

Comment: Increased and heightened symptoms over last year due to work related targeting.

Plan: Psychotherapy 60 min Scored 11 on the Phq9.

(F43.10) Post traumatic stress disorder

Comment: Scored 58 on the PCL-5. Increased and heightened symptoms over last year due to work related targeting.

Plan: Psychotherapy 60 min

**Patient Instructions:** We talked about options for treating the trauma you have been dealing with, with the goal of helping you to process and desensitize the memories of your stressful work related experiences. .

There are a couple of more intensive, evidence-based strategies we could use, including the following:

- Cognitive Processing Therapy, CPT, which focuses on identifying the inaccurate thoughts that we learned in the midst of the trauma, but

which are no longer effective, and changing those in order to reduce the distress and power they hold over us. There is also information about CPT available at [CPTforPTSD.com](http://CPTforPTSD.com). CPT requires meeting weekly in person or via video for 12 weeks, and doing about 20 minutes of homework per day.

- Eye Movement Desensitization and Reprocessing (EMDR), which helps us reprocess the anxiety and memories of the trauma with out feeling so overwhelmed. There is more information about it at the [Cleveland Clinic website](http://ClevelandClinic.com). I do not do this particular form of therapy, but could refer you to someone who does.

We can also take a less intensive approach in the beginning, not meeting as frequently, but still addressing some of the same patterns to see if that is sufficient for what you need right now.

Take a look at those materials and we will touch base next week to talk about next steps.

### Treatment Goal/**Plan**

Effective Treatment Plan Goals are Specific, Measurable, Achievable, Realistic, and Time-bound (SMART). Integrate these elements into the sections below.

Treatment goal: Client would like to learn how to manage and regulate the anxious and depressive symptoms due to work related stress factors from being discriminated and targeted by his supervisors.

As measured by: Self reporting, emotion regulation, DBT skills for interpersonal effectiveness while dealing with others that are difficult.

Anticipated time needed to accomplish this goal: One individual session every two weeks over ten sessions.

*Last updated by Joy, Sara Ann, MLT on 6/9/2026*

Treatment Progress: 3 - Mixed response: Progress is variable

**Follow up:** 2. Based on clinical need and assessment of risk, it is recommended the member return within the next 14 calendar days by 6/23. Therapist has availability for appt within 14 calendar days. Patient booked for appointment by therapist within 14 calendar days on 6/23.

### Interval History

No chief complaint on file.

Therapeutic Alliance Discussion: Review Therapeutic Alliance responses and discuss feedback with patient.

Suicidal Ideation: Denies suicidal ideation.

Session Summary: Client was given the PCL-5 for trauma diagnosis and symptomology analysis, he scored 58 indicating a strong sense of PTSD symptoms actively, primarily due to work related stressors. does have some trauma from childhood and adolescence and witnessed shootings and some physical abuse growing up in Washington DC witnessed gang violence. Due to work stressful experiences he feels as though he is being targeted by white people, very PTSD related. Over the last year, client reports that he has been targeted, he was promoted to a supervisor about a year ago by the regional person, she left and took another job gave him an option to go back to his previous job or go to another dept. He reported that "she hired another person and this women Alysa Miller, whom has been treating me awful and arguing with me, tells me to do things and then come back saying I didn't do it right and nothing was in writing, she gaslight me and made it look like I was wrong". Client felt that she was setting him up, she would verbally tell him to do things, and after he would get reprimanded for this. He stated that she would began scheduling one on ones during his off hours and times when it had already been established a schedule. He stated that the main women Alyssa and Lori Blake, they were White/Caucasian women. They gave him a project to go meet with community members or such and then she would question him on doing so after they told him to do so. Also he stated that they made him go back to doing field work, and did not pay him the differential, after he

was told he would receive this. Client reports having so much stress and fear that he gave his two weeks notice and cannot go through this mistreatment any longer. He was scheduled for your exit interview with Lori Blake, and she cancelled it, so he made an appointment with the assistant secretary of the CPS Natalie Green, and he filed a complaint. He filed the complaint for harrasment, he filed in April on the 29th, he did not hear from HR until June 3rd which was after you put in your resignation. Engaged client in trauma narrative processing today, will go over TF-CBT at next session.

**The treatment modality of Trauma Focused Cognitive Behavioral Therapy (CBT) Informed the treatment strategy: Trauma Narrative/Processing**

6/15/2026

**Therapeutic Alliance**

With this provider, we work on and talk about what is really on my mind. 4 ⓘ  
 I feel heard, understood, and respected by this provider. 4 ⓘ  
 I understand and agree with how we are approaching my concerns. 4 ⓘ  
 TA Total Score 12 ⓘ

ⓘ Manually entered by patient

6/15/2026  
07:21

6/9/2026  
16:27


**Score and Results**

|                         |                       |                     |
|-------------------------|-----------------------|---------------------|
| Global Distress Score   | 20 ⓘ                  |                     |
| Global Distress Results | Moderate ⓘ            |                     |
| GAD-2 Score             | 4 ⓘ                   | 6                   |
| GAD-7 Score             | 14 ⓘ                  | 17                  |
| GAD-7 Results           | 10-14: Moderate ⓘ     | 15-21: Severe       |
| PHQ9 Score              | 11 ⓘ                  | 13                  |
| PHQ-9 Results           | Moderate depression ⓘ | Moderate depression |
| AUD Score               | 1 ⓘ                   |                     |

AUD Results Low Level Use 

Substance Score 0 

**IPV, Psychosis, Rx, Gun, Hospitalization**

Do you have access to firearms? 1 

 Manually entered by patient

**Mental Status Features**

Only Note Clinically Significant changes to Mental Status Features: MHW  
Notable Mental Status Features: No Clinically significant changes since last noted

Substance Use Conversation: N/A

**Visit Type**

Patient was given disclosure statement: Already completed and confirmed in Chart

Session attended by: Patient

Duration of Visit: 60 minutes

This visit was completed via Phone visit: Location of patient: Home in Washington State Location of provider: KPWA clinic