

CITY OF SPOKANE ETHICS COMMISSION

ETHICS COMPLAINT FORM

Please review the City of Spokane's Code of Ethics – Chapter 1.04A SMC – before completing this complaint form. When you have completed this form, submit it to:

City of Spokane Ethics Commission
Attention: Elizabeth Schoedel
Office of the City Attorney
5th Floor Municipal Building
W. 808 Spokane Falls Blvd.
Spokane, WA 99201

or at: cityattorneyinfo@spokanecity.org

****Please be advised that the completed complaint form is a public record pursuant to the Washington State Public Records Act, Chapter 42.56 RCW and will be filed with the City Clerk's Office, posted on the Ethics Commission's website and provided to the person who is the subject of the complaint as well as any other individual making request for a copy of the complaint. The Ethics Commission's review of the complaint will occur in a meeting open to the public. ****

Pursuant to the City of Spokane's Code of Ethics, I am filing a complaint regarding conduct which I believe constitutes a violation of the City's Code of Ethics.

Name, position, and department of person(s) I believe to have violated the Code of Ethics:

Name: _____

Position/Title: _____

Nature of Code of Ethics violation:

What specific provision of SMC 1.04A.030 do you believe has been violated?

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.

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

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.

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.

Complainant's Signature

Date

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

Name (please print): _____

Address: _____

Phone Number(s): _____

E-Mail Address: _____