

Ethics Complaint Form

For

Seattle Public Schools

Ethics Office

Mailing Address: P.O. Box 34165, MS: 33-347, Seattle, WA 98124-1165

Email: ethics@seattleschools.org Phone (206) 252-0004

To file an Ethics Complaint, please complete this form and return it to the Office of Internal Audit and Ethics by email or mail. You may also file a complaint by calling our office. Upon receipt, your complaint will be reviewed and a determination made as to whether your complaint will be investigated as an ethics complaint. You will be notified in writing of this determination. If your complaint is investigated as an ethics complaint, you will be notified of any Seattle Public Schools findings.

If you wish to remain anonymous, do not provide any personal identifiable information in your report. To assist you with remaining anonymous, the ethics hotline (206-252-0004) does not have caller ID.

1. SUSPECTED EMPLOYEE

State the names, addresses, telephone numbers, and email addresses of persons whom you believe have violated the Seattle Public Schools Ethics Policy.

2. ALLEGED VIOLATION OF THE ETHICS POLICY

I believe that the above-named Seattle Public Schools employee(s) violated the Ethics Policy by engaging in the following conduct: (Describe the employee's actions, which you believe may have violated the Ethics Policy, as specifically as possible, including dates, times, places, and actions. Attach additional sheets as necessary.)

3. WITNESS INFORMATION

State the names, addresses, telephone numbers, and email addresses of persons with firsthand knowledge of the allegation or other relevant information.

4. SUPPORTING DOCUMENTS

List any records or documents that would assist the Ethics Office in its investigation. Please email, mail, or deliver any available documents to the Ethics Office. (ethics@seattleschools.org or PO Box 34165, MS:33-347, Seattle, WA 98124-1165)

5. COMPLAINANT DECLARATION

IF YOU WISH TO REMAIN ANONYMOUS, DO NOT COMPLETE THIS PART.

Signature

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

Name (please print)

Phone number(s)

Email address

Address

City

State

Zip Code

Disclosure: Under state law, this form may, at some point, become subject to disclosure. The Ethics Office is committed to protecting the anonymity of reporting individuals within the confines of the laws related to public records requests. We will never release your information without your permission, unless legally required to do so. **If you wish to ensure your anonymity, do not provide any personal information in your report.** If you choose to report anonymously, please contact the Office of Internal Audit and Ethics again, three weeks after your initial report, to determine if additional information is needed to move the investigation along.

Please contact our office if you have any questions or concerns about filling out this form.