

STATE OF WASHINGTON WHISTLEBLOWER REPORTING FORM

The Whistleblower Act changed in June 2008. All state employees may now report assertions to any state agency. All state agencies are required to designate at least one employee to accept assertions, document them and report them to the Washington State Auditor's Office within 15 days at this address:

| | |
|----------------------------|-------|
| For Agency Use Only | |
| Agency Contact Name _____ | _____ |
| Date of Contact _____ | _____ |
| Agency Case # _____ | _____ |

**Washington State Auditor's Office
ATTN: State Employee Whistleblower Program
P.O. Box 40031
Olympia, WA 98504-0031
whistleblower@sao.wa.gov**

Before filling out this form, please read the following:

- We are **precluded** by state law from investigating complaints involving personnel matters or matters for which other remedies exist. These include grievances, appointments, promotions, reprimands, suspensions, dismissals, harassment, and discrimination.
- The issue you are concerned about must have occurred **within the past year**.
- You must be a **current** employee of the State of Washington in order to file a complaint.
- Reports must be submitted **on this form** by mail or e-mail to one of the addresses listed above.

If you have any questions, please contact:

Sandra Miller, Senior Investigator, at (360) 902-0378
Cheri Elliott, Investigator, at (360) 725-5358
Tracy Aga, Investigator, at (360) 725-5336

Your contact information:

You are not required to provide your name. However, if you choose not to provide your name, we are unable to keep you updated on the progress of our investigation, or to consult with you regarding the details of your complaint. If you choose to provide your name, we will keep it confidential.

| | | |
|-------------------------|------------------|------------------------------|
| Name | Agency | Date |
| Home or mailing address | Division | Day phone |
| | E-mail address | Night phone |
| | Current position | Best time and number to call |

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Subject's contact information:

Please file a separate form for each state employee or officer who you believe has engaged in improper governmental action.

| | | |
|-------------------------|--------------------------|--------------------|
| Name | Agency | Division |
| Position | Location | Phone |
| Subject's Supervisor(s) | Supervisor's Position(s) | Supervisor's Phone |

1. What type of improper governmental action are you reporting?

- Violation of state law or regulation
if so which RCW(s) or WAC(s)? _____
- Substantial and specific danger to the public health and safety
- Gross waste of public funds
- Gross mismanagement
- Preventing dissemination of scientific opinion or altering technical findings
- Other improper governmental action per state law (Chapter 42.40 RCW)

2. When and where did the improper governmental action take place?

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**4. Where can we find, or can you provide, additional documentation to support your assertions?
Please mail hard copies of documents to the address on Page 1 of this form.**

5. Are there other witnesses? If so, please provide their contact information.

6. How do you know about the information you are disclosing here?

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7. Have you already submitted this assertion? If so, please list when and to whom.

