



Allegation of Serious Employee Misconduct

A completed and signed form may be:

- Filed at any City of Olympia office, or
- Mailed to the City Manager at PO Box 1967, Olympia, WA 98507-1967, or
- Sent via e-mail to cityhall@ci.olympia.wa.us

Every complaint about an employee, group of employees or department of the City of Olympia, Washington that alleges *major misbehavior, willful negligence or criminal activity* is given the highest priority by the City. This form is used to initiate the investigative process on such matters. Because major incidents may lead to major consequences, including loss of pay and/or loss of a job, your full cooperation and that of the *involved party* is needed to assure that outcomes are appropriate and fair to all involved. That cooperation includes your guarantee that the information you provide in support of your allegation is honest and accurate to the best of your knowledge.

The “*involved party*” in an allegation of misconduct is the actual person who was wronged, damaged or injured as a result of an employee’s actions. Whenever possible, an allegation of serious misconduct should be made by the involved party or a bona fide representative—i.e., parent (if the involved party is a minor), legal guardian/custodian or attorney.

Date of Incident:

Approximate Time of Incident:

Is there a written document related to this incident? (report, cite, etc.) Yes No Don't Know

If “Yes,” what is the document type?

- | | | |
|-------------------------------------------|------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Permit | <input type="checkbox"/> Incident Report | <input type="checkbox"/> Fire inspection |
| <input type="checkbox"/> Citation | <input type="checkbox"/> Parking Ticket | <input type="checkbox"/> Warrant |
| <input type="checkbox"/> Bid Protest | <input type="checkbox"/> Accident Report | <input type="checkbox"/> Police Report |
| <input type="checkbox"/> Bid | <input type="checkbox"/> Bill | <input type="checkbox"/> Application |
| <input type="checkbox"/> Other (describe) | | |

Is there a document number? Yes (# _____) No number/Don't Know

Section 1. Person filing the complaint -

Your Name:

Address:

Telephone: Home() Bus. () Msg. ()

What is your involvement in the incident?

- | | |
|------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Involved Party | <input type="checkbox"/> Parent of Involved Party who is under age 18 |
| <input type="checkbox"/> Attorney for Involved Party | <input type="checkbox"/> Witness |
| <input type="checkbox"/> Other (describe) | |

Section 2. Involved party, if different than the person filing the complaint -

If you are not the *involved party*, what is that person’s full name, address, and telephone number?

Name: _____ Don't Know

Address:

Telephone: Home() Bus. () Msg. ()

Section 3. Information about the incident -

Which City employee and/or representative was involved in the incident? (Name and/or describe the employee(s) and department(s) involved.)

What behaviors(s) motivated your complaint? (Summarize the specific behavior(s) to which you object.)

- 1.
- 2.
- 3.

What happened? (Describe the incident, in detail. Attach additional sheets, if more space is needed.)

A manager will be assigned to investigate your allegation. It is important that you make yourself available to talk with the manager.

When is the best time of day to contact you?

Phone Number(s) where you can be contacted:

Section 4.

**OPTIONAL
STATEMENT WRITTEN BY THE PERSON MAKING THE COMPLAINT.**

If someone other than the person making the complaint filled out Section 3 of this form, the complainant may use the following space to write a statement describing the incident (what happened and when) in his or her own words. The complainant (*person making the complaint*) is the person who's name is listed on Page 1, Section 1 of this form.

If more room is needed, use another sheet of paper, sign it, and attach it to this form.

This Optional Statement is written in my own words and accurately reflects my recollection of the incident. I understand that my submitting this Optional Statement does not:

- *Substitute for my participation in one or more fact-finding interviews with a supervisor assigned to investigate this complaint.*
- *Excuse me from answering questions posed to me during fact-finding interviews by that supervisor, even if I believe I have provided an answer to those questions in this Statement.*

Name (Print) _____ Date _____

Signature _____

Section 5. REQUIRED AFFIDAVIT AND SIGNATURE - Person making the Complaint.
This section must be completed.

The information in this Allegation of Serious Employee Misconduct is an accurate description of my recollection of the incident(s). I understand that if I knowingly give false statements or if I recklessly give false statements without regard to their accuracy, these statements may cause me to be sued for damages by the persons(s) named as the subject(s) of the allegation. I understand that signing and submitting this form does not:

- *Substitute for my participation in one or more fact-finding interviews with a supervisor assigned to investigate this complaint.*
- *Excuse me from answering questions posed to me during fact-finding interviews by that supervisor, even if I believe I have provided an answer to those questions in this Statement.*

Name (Print): _____

Signed: _____ Date: _____ Time: _____

Section 6. SIGNATURE - Person filling out this form on behalf of the individual making the complaint.

Complete and sign this section if you filled out any or all of this form for the person making the complaint allegation. (If a City of Olympia employee, please print and sign your name, and provide the date and time only—no address or phone numbers needed.)

Name (Print): _____

Address: _____

Phone Numbers: _____

Signed: _____ Date: _____ Time: _____

City Use Only (if an electronic complaint tracking system is not used)

Received By:	Date:	Time:	
Routed To:	Date:	Time:	Initial When Received:
Closed By:	Date:	Time:	Initial When Closed:
Notification To:	Date:	Time:	Notification Made By: