

**Official Use Only:**

Date/Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

**WA STATE GAMBLING COMMISSION  
CITIZEN COMPLAINT FORM**

**THIS FORM IS FOR FILING A COMPLAINT AGAINST A GAMBLING COMMISSION EMPLOYEE.**

**INSTRUCTIONS:**

This form should only be completed if you wish to initiate a complaint against an employee(s). If you would rather attempt to resolve this issue with the employee's supervisor, you may contact the employee's supervisor directly. For assistance, please contact the Human Resources Administrator at (360) 486-3456 during normal business hours.

**TO FILE A COMPLAINT:**

Complete the complainant information and statement portions below. Once you have completed and signed the form, it may be delivered to the Human Resources Administrator at 4565 7<sup>th</sup> Avenue SE, Lacey, WA 98503, or mailed to Human Resources Administrator, PO Box 42400, Olympia, WA 98504-2400.

**COMPLAINANT INFORMATION**

Complainant Name: \_\_\_\_\_  
(First) (Middle) (Last)

Complainant Address: \_\_\_\_\_  
(Street Name and Number)

\_\_\_\_\_  
(City) (State) (Zip Code)

Complainant Phone Home: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Please notify the Human Resources Administrator if your address or phone number change prior to the resolution of your complaint.

**INCIDENT INFORMATION**

Date of Incident (Month/Day/Year): \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Address where incident occurred: \_\_\_\_\_

Name(s) of employee(s) you are complaining about: \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** This complaint form, along with any other documentation or other relevant information you provide, will be forwarded to the Human Resources Administrator for review, evaluation, and investigative direction. If the Human Resources Administrator determines further investigation into the incident is warranted, the investigation may be completed by the Human Resources Administrator or the Human Resources Administrator may assign it to another investigator. The Human Resources Administrator will review the completed investigation and findings with the Director of Agency. You will be notified of the findings and outcome of the complaint. Notification will normally be done within 30 days following the meeting with the Director.

**STATEMENT**

Please describe both the incident and the specific nature of your complaint as completely as possible. Be sure to give the names, addresses and phone numbers of any witnesses of which you are aware. Provide as much detail and information as possible including specifically what was said, the time and dates of incident, and any other details that are relevant to your complaint. Identify the specific location of the incident, identity of the employee(s) involved, if known. If employee(s) names are not known, please include detailed, physical descriptions of the employee(s). It is important to be specific and provide as much information as possible. You may include any other relevant information or items (pictures, witness statements, etc.)

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Attach additional sheets, if necessary.

**WITNESSES:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

If there are more witnesses, you may attach additional sheets.

Are you be interested in mediation to resolve this complaint: \_\_\_\_\_

**RCW 9A.76.175 - Making a false or misleading statement to a public servant.**

A person who knowingly makes a false or misleading material statement to a public servant is guilty of a gross misdemeanor. "Material statement" means a written or oral statement reasonably likely to be relied upon by a public servant in the discharge of his or her official powers or duties.

**End of Statement**

The information provided in this statement is true and factual to the best of my knowledge. I understand that I may be required to appear for further interview or to provide other investigative assistance as necessary.

\_\_\_\_\_  
Complainant's Signature

Complainant's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_