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:

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

**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.
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<th>Name</th>
<th>Agency</th>
<th>Division</th>
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<th>Subject’s Supervisor(s)</th>
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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?**

   ___________________________________________________________
   ___________________________________________________________
   ___________________________________________________________
3. Please describe the improper governmental action in detail

The more detailed information you provide us, the better we will be able to assess your concerns. Attach additional pages if needed.

Improper governmental action cannot be related to personnel matters.
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?
7. Have you already submitted this assertion? If so, please list when and to whom.