



WASHINGTON STATE DEMOCRATS

## WSDCC Code of Conduct Violation Submission Form

The following form provides a standardized template for all of the information necessary for submission of a Code of Conduct Violation Complaint, as defined within the WSDCC Code of Conduct and Procedures for Code of Conduct, as listed on [www.wa-democrats.org](http://www.wa-democrats.org). Once completed this form should be submitted to the Chair, Executive Director, Party Affairs Director, and at least one of the DNC members of the WSDCC. Please review both the Code of Conduct as well as the Procedures for Code of Conduct Violations prior to submission of this form.

*If your allegation involves a situation requiring mandatory reporting to any authority under state law, it will be reported as required by state statute.*

**1. Do you wish for this investigation to be kept confidential\*?**

Yes

No

**2. Complainant Name:** \_\_\_\_\_

**3. Complainant Office(s) Occupied\*\*:**  LPO Chair or Vice Chair  DNC Member

WSDCC State Central Committee Member  A Member of a WSDCC Ad-Hoc Committee

**4. Date of Submission:** \_\_\_\_\_

**5. Alleged Violators Name(s):** \_\_\_\_\_

**6. Please Provide a Description of the Violation. Be as specific as possible; all dates, times and proper chronological sequencing are appreciated.**

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\*As per Code of Conduct Procedures VIII.A "All parts of these procedures shall remain confidential, if so requested by either the complainant or the alleged violator, except for any required votes for any sanction by the **WSDCC**, which shall occur in a public session."

\*\*Only individuals who occupy one or more of these positions are eligible to submit Code of Conduct complaints.

\*\*\*All individuals identified will be contacted confidentially by members of the WSDCC Executive Committee to provide testimony.



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**7. Please identify (specifically) which portions of the Code of Conduct you believe these actions violated:**

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**8. Was there any witness to the alleged violation?**

Yes                       No

**8.1 If Yes, please identify all individuals you are comfortable identifying\*\*\*:**

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**9. Does the alleged violation make you feel unsafe at Party Meetings?**

Yes                       No

**10. What do you hope the outcome of this Code of Conduct Complaint will be?**

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