**INTERVIEW ACKNOWLEDGMENT**

Case ID number:       Date of interview:

Interviewee:       Title:

(Include title or DOC number and housing assignment, as applicable)

Appointing Authority:

As an interviewee, I have been informed of the circumstances under which the Department of Corrections releases information. By signing this form, I acknowledge that I have been informed that the information I provide, including my identity, may be subject to release by the Department pursuant to applicable collective bargaining agreements, RCW 42.56 (Public Records Act), court order, subpoena, and/or other legal authority.

The Department prohibits retaliation against any person because of their involvement in the reporting or investigation of a complaint. The Department will treat retaliation as a separate offense subject to administrative investigation, discipline, and/or corrective action. Any concerns regarding retaliation are to be reported to the Appointing Authority.

**Individual who is under the Department’s jurisdiction**

I understand that this is an active and ongoing investigation. In order to protect the integrity of the investigation, I understand that discussion of any related information is to be limited only to persons who have a need to know.

**Employee/Contract Staff/Volunteer**

I have been advised this interview is for internal administrative purposes only. I understand that refusing to cooperate with the investigation may result in me being disciplined for insubordination, up to and including termination of employment/volunteer service or the termination of my contract. I acknowledge that I am required to fully and honestly answer all relevant and material questions.

I have been further advised that this is an active and ongoing investigation and that I may not discuss it with anyone in the workplace except the Appointing Authority or a Human Resources employee, union representative, legal counsel, or person with whom I have a legally privileged relationship. I also have been advised that I am to refrain from discussing the issues in this investigation with anyone who may be a witness, to avoid jeopardizing the integrity of the investigation.

I understand that information related to allegations/incidents of sexual misconduct will only be disclosed to staff when necessary for related treatment, investigation, and other security and management decisions. Breaches of confidentiality may be subject to corrective/disciplinary action.

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| Interview of accused (If required, check appropriate box)  I understand that I am being compelled to answer questions related to conduct that might be criminal. I understand that refusing to cooperate with the investigation may result in me being disciplined for insubordination, up to and including termination of employment/volunteer service or the termination of my contract. I acknowledge that I am required to fully and honestly answer all relevant and material questions. If criminal charges are pending or may be filed against me related to the conduct being investigated, I understand that statements I make in this investigation cannot be used against me in a criminal proceeding pursuant to Garrity v. New Jersey. |

**Other (members of the public)**

My participation/attendance in this interview is voluntary. I have been advised that a witness of my choosing can accompany me during the interview at my request. Based on this information, I consent to participate in this interview.

As an interviewee, I understand that my typed name has the same effect as if I had signed in the signature box.

Interviewee signature Date

Shape

Description automatically generated with low confidence

Investigator name Signature Date

**The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.**

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