



INTERVIEW ACKNOWLEDGMENT

Case ID number: _____ Date of interview: _____

Interviewee: _____ Title: _____ Appointing Authority: _____
(Include title or DOC # and housing assignment, as applicable)

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 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 (select one box only)

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. 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.

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.

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.

OR:

I have been advised that this interview is for internal administrative purposes. I understand that I am not being compelled to answer questions related to conduct that might be criminal. I understand that refusing to cooperate with the investigation will not result in me being disciplined for insubordination.

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.

Interviewee signature

Date

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. Upon completion, the data classification category may change.

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