You have been chosen because you have credibility with and ties to communities impacted by police use of deadly force. The purpose of the IIT is to investigate officer involved use of deadly force incidents that result in substantial bodily harm or death.

You will be participating in an investigation of a use of force by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

*Involved Agency*

that occurred on or about \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Your duties will be to:

*Date*

* Participate in the vetting, interviewing, and/or selection of IIT investigators.
* Review conflict of interest statements by the investigators during each incident.
* Be present at briefings with the involved agency’s Chief or Sheriff.
* Have access to the investigation file upon the completion of the investigation.
* Be provided a copy of all press releases/communication to media prior to release.
* Review notification of the use of specialized equipment belonging to the involved agency.
* Sign a binding confidentiality agreement at the beginning of each investigation in which you are involved.

***Please read the statement below carefully and sign only if you agree as a condition of participating in this investigation.***

I understand that as a non-law enforcement community representative, I was chosen because I have credibility with and ties to communities impacted by police use of deadly force. Among my other duties, I am an independent observer of the investigative process in order to help bring transparency to the investigation.

I understand that I have access to information about the investigation and its participants that is not public or may not be made public. All information gained from the independent investigation process, whether through documentation or discussion, is strictly confidential, and I will not share this information with anyone other than with those authorized to receive the information or as mandated by provisions in state or federal law. I will not share or reveal any confidential information without the express approval of the IIT Commander.

I understand that even a minor disclosure of case sensitive information (e.g., disclosing a person’s name or sharing a document or photograph) will result in my immediate and permanent removal from the IIT. Furthermore, after removal from the IIT, I will be automatically disqualified from serving on an IIT in any region in Washington state.

I understand my role as a non-law enforcement community representative, and I agree to abide by the guidelines, protocols, and procedures that guide the IIT.

By signing below, I certify that I have read this form and understand my responsibilities as stated therein, and I agree to abide by the terms of this agreement.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Law Enforcement Community Representative Name Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Non-Law Enforcement Community Representative Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IIT Commander’s Signature Date