

**STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
CHIROPRACTIC QUALITY ASSURANCE COMMISSION**

*(Date reviewed)*

**T0:** CHIROPRACTIC Quality Assurance Commission

**FR:** *(your name)*, CH  
CHIROPRACTIC Quality Assurance Commission

**RE:** Case No. 0000-000000 *(Make sure to double-check for accuracy)*

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**PERTINENT INFORMATION FOR PREVIOUS CASES:**

*Is there a previous complaint history? Is respondent under Commission order and on compliance? Is there a pattern of "like type" complaints*

**ALLEGATIONS:**

*Briefly describe the main points of the allegations*

**EVIDENCE:**

- *Complaint letter*
- *Statement from Respondent*
- *Records (includes x-rays, billing records, patient records, etc.)*
- *Statement from subsequent treating chiropractor/Consultant*
- *Other*

**SUMMARY OF CASE:**

*Details of your review of case, essential elements, special circumstances, length of treatment, all pertinent information*

**ASSESSMENT:**

*As the RCM, what is your assessment of this case? What are the potential violations, if any? Include UDA citations.*

**RECOMMENDATIONS:**

*Give a synopsis of your recommendations on this case, outline any questions that need further discussion by the panel.*

*Include closure type and closure code:*

*Example: Closed, after investigation, no violation determined*

*Provide a brief synopsis of the basis for this recommendation*

**Expert Witness Specialty Recommendation:**

\_\_\_\_\_

**ADDITIONAL INVESTIGATION:** \_\_\_\_\_Y \_\_\_\_\_N  
(If yes, clearly outline what additional information is needed)

**Signature of Reviewer:** \_\_\_\_\_

**Time Spent:** \_\_\_\_\_ (for cost recovery purposes)

**Date:** \_\_\_\_\_

**PANEL APPROVAL:** \_\_\_\_\_Y \_\_\_\_\_N

**DISCUSSION**

**ITEMS:** \_\_\_\_\_

\_\_\_\_\_

**Staff Attorney:** \_\_\_\_\_

Other factors impact the sanction to be imposed. The appropriate sanction takes into consideration aggravating and mitigating circumstances, as well as a respondent's prior disciplinary history.

If minimum sanction is used, mitigating circumstances must be documented in the order. If aggravating circumstances exist, the sanction should approach the maximum sanction. If the circumstances of the case involve both aggravating and mitigating circumstances, the disciplining authority must balance the two and identify its evaluation process in the order.

The listed aggravating and mitigating factors are not an exclusive list. The disciplining authority may consider other factors if relevant.

### **AGGRAVATING AND MITIGATING CIRCUMSTANCES:**

#### **Mitigating**

- Timely and good faith efforts to rectify consequences of misconduct
- Interim rehabilitation
- Remoteness of prior offenses
- Self-reported and voluntary admission of violation
- Implementation of remedial measures to mitigate harm or risk of harm
- Rehabilitation potential
- Absence of prior discipline
- Absence of dishonesty or selfish motive
- Isolated incident, not likely to recur
- Remorse
- Absence of adverse impact
- Remoteness of misconduct

#### **Aggravating**

- Prior discipline in any jurisdiction
- Dishonesty or selfish motive
- Pattern of misconduct or variety of offenses
- Bad faith, obstruction
- Refusal to acknowledge nature of conduct
- Vulnerability of victim
- Harm to one or more patients
- Severity of patient harm
- One or more violations involving more than one patient
- Economic harm to any individual or entity and severity of such harm
- Increased potential for public harm
- Attempted concealment of violation
- Intentional, premeditated, knowing or grossly negligent act constituting a violation

- Prior similar violation
- Violation of prior disciplinary order
- Willful or reckless misconduct



# HEALTH PROFESSIONS QUALITY ASSURANCE CHIROPRACTIC QUALITY ASSURANCE COMMISSION

## REVIEWING MEMBER WORKSHEET

*Work Product – Prepared in Anticipation of Litigation*

### I. CASE INFORMATION:

REVIEWING MEMBER	
RESPONDENT	
CASE NUMBER	
COMPLAINANT CATEGORY	<input type="checkbox"/> Patient <input type="checkbox"/> Insurance Co. <input type="checkbox"/> Malpractice Ins. Co. <input type="checkbox"/> Other
PRIOR COMPLAINTS LODGED AGAINST RESPONDENT	[REFER TO ASI HISTORY PROVIDED WITH CASE FILE]
TIME SPENT ON CASE	

COMPLETE SECTIONS III THROUGH VIII BEFORE DETERMINING CLOSURE STATUS CODE OR REQUESTED LEGAL ACTION CODE.

### II. ACTION RECOMMENDED:

<u>CLOSE – AFTER INVESTIGATION</u>	<u>LEGAL ACTION REQUESTED</u>
<input type="checkbox"/> <b>CNA A</b> – No Jurisdiction [Refer to Guidelines – Attachment G at pgs. 12-13]	<input type="checkbox"/> <b>CNA H</b> – Complainant withdrew [Refer to Guidelines – Attachment G at pgs. 14-15]
<input type="checkbox"/> <b>CNA B</b> – Below Threshold [Refer to Guidelines – Attachment G at pgs. 5-11]	<input type="checkbox"/> <b>CNA C</b> – Care rendered was within standard of care [Refer to Guidelines – Attachment G at pgs. 14-15]
<input type="checkbox"/> <b>CNA C</b> – Evidence does not support a violation [Refer to Guidelines – Attachment G at pgs. 14-15]	<input type="checkbox"/> <b>CNA D</b> – Conduct was within standard of practice [Refer to Guidelines – Attachment G at pgs. 14-15]
<input type="checkbox"/> <b>CNA D</b> – Insufficient evidence [Refer to Guidelines – Attachment G at pgs. 14-15]	<input type="checkbox"/> <b>CNA E</b> – Mistaken identity [Refer to Guidelines – Attachment G at pgs. 14-15]
<input type="checkbox"/> <b>CNA E</b> – No violation determined [Refer to Guidelines – Attachment G at pgs. 14-15]	<input type="checkbox"/> <b>CNA F</b> – No Whistleblower – unable to pursue w/o whistleblower release [Refer to Guidelines – Attachment G at pgs. 14-15]
<input type="checkbox"/> <b>CNA F</b> – Not a violation at the time the event occurred [Refer to Guidelines – Attachment G at pgs. 14-15]	<input type="checkbox"/> <b>CNA G</b> – Complaint unique closure [Refer to Guidelines – Attachment G at pgs. 14-15]
<input type="checkbox"/> <b>CNA G</b> – Risk minimal, not likely to reoccur [Refer to Guidelines – Attachment G at pgs. 14-15]	

III. **FACTS/EVIDENCE:**

A. **SUMMARY OF FACTS (briefly summarize):**

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[Please attach separate page if more space needed to set forth Facts.]

B. **SPECIFIC EVIDENCE CONSIDERED:** (i.e., patient records, statements, investigator's summary, etc.) [Please include the identifying page number marked on the record.]

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C. **EVIDENCE OF PATIENT HARM:** Yes \_\_\_\_\_ No \_\_\_\_\_

Physical \_\_\_\_\_ Emotional \_\_\_\_\_ Financial \_\_\_\_\_

Please describe:

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IV. **CASE DISPOSITION:**

Should the case be closed - no cause for action? Yes \_\_\_\_\_ No \_\_\_\_\_

[If yes, mark the appropriate box signifying the complaint closure status code on page 1 of this Worksheet.]

**IF NO, PLEASE CONTINUE:**

V. **ADDITIONAL INFORMATION:**

Is additional information needed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what information is needed?

Additional Records \_\_\_\_\_

X-Rays \_\_\_\_\_

Billings \_\_\_\_\_

Other: \_\_\_\_\_

VI. **TYPE OF CASE:**

Violation of Standard of Care \_\_\_\_\_

Violation of Scope of Practice \_\_\_\_\_

Sexual Misconduct \_\_\_\_\_

Expired License \_\_\_\_\_

Fraud \_\_\_\_\_

Criminal Conviction \_\_\_\_\_

Fee/Billing Complaints \_\_\_\_\_

Unprofessional Conduct \_\_\_\_\_

Advertising Complaint \_\_\_\_\_

Other: \_\_\_\_\_

**VII. RCW AND WAC VIOLATIONS:**

Should the respondent be charged? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, mark the specific RCW or WAC below for the alleged violations.

**PLEASE NOTE: THE STATUTES AND CODES LISTED IN THE SECTIONS BELOW ARE NOT AN INCLUSIVE LIST – PLEASE REFER TO LAW BOOK FOR ANY ADDITIONAL STATUTES AND CODES THAT ARE APPLICABLE TO SUBJECT CASE**

**UDA Violations (Unprofessional Conduct)**

**RCW 18.130.180 (1)** \_\_\_\_\_

[Act involving moral turpitude, dishonesty or corruption]

**RCW 18.130.180 (13)** \_\_\_\_\_

[Misrepresentation or Fraud]

**RCW 18.130.180(2)** \_\_\_\_\_

[Misrepresentation or concealment of a material fact in license application or license reinstatement]

**RCW 18.130.180 (14)** \_\_\_\_\_

[Failure to adequately supervise auxiliary staff]

**RCW 18.130.180 (3)** \_\_\_\_\_

[False, fraudulent or misleading advertisements]

**RCW 18.130.180 (15)** \_\_\_\_\_

[Contact with public while suffering from contagious or infectious disease]

**RCW 18.130.180 (4)** \_\_\_\_\_

[Incompetence, negligence or malpractice]

**RCW 18.130.180 (16)** \_\_\_\_\_

[Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure or service]

**RCW 18.130.180 (5)** \_\_\_\_\_

[Suspension, revocation or restriction of license to practice in any state, federal, or foreign jurisdiction]

**RCW 18.130.180 (17)** \_\_\_\_\_

[Conviction of any gross misdemeanor or felony]

**RCW 18.130.180 (6)** \_\_\_\_\_

[Possession, use, prescription for use, or distribution of controlled substances or legend drugs]

**RCW 18.130.180 (18)** \_\_\_\_\_

[Procuring or aiding or abetting in procuring, a criminal abortion]

**RCW 18.130.180 (7)** \_\_\_\_\_

[Violation of any state or federal statute or administrative rule]

**RCW 18.130.180 (19)** \_\_\_\_\_

[Offering, undertaking, or agreeing to cure or treat disease by a secret method]

[Needs to be marked before charging under WAC]

**RCW 18.130.180 (20)** \_\_\_\_\_

[Willful betrayal of a practitioner – patient privilege]

**RCW 18.130.180 (8)** \_\_\_\_\_

[Failure to cooperate with disciplining authority]

**RCW 18.130.180 (21)** \_\_\_\_\_

[Violation of RCW 19.68 - Rebating Prohibited]

**RCW 18.130.180 (9)** \_\_\_\_\_

[Failure to comply with actions of disciplining authority]

**RCW 18.130.180 (22)** \_\_\_\_\_

[Interference with an investigation or disciplinary proceeding]

**RCW 18.130.180 (10)** \_\_\_\_\_

[Aiding or abetting an unlicensed person to practice]

**RCW 18.130.180 (23)** \_\_\_\_\_

[Current misuse of alcohol, controlled substances or legend drugs]

**RCW 18.130.180 (11)** \_\_\_\_\_

[Violation of established rules by any health agency]

**RCW 18.130.180 (24)** \_\_\_\_\_

[Abuse of or sexual contact with patient]

**RCW 18.130.180 (12)** \_\_\_\_\_

[Practice beyond scope]

**RCW 18.130.180 (25)** \_\_\_\_\_

[Acceptance of gratuity, hospitality or subsidy]

<u>Standard of Care</u>	
RCW 18.25.005 [Chiropractic Defined]	WAC 246-808-370 _____ [Patient Disclosure]
RCW 18.130.180 (4) _____ [Incompetence, negligence or malpractice]	WAC 246-808-380 _____ [Degree of Skill]
RCW 18.130.180 (7) _____ [Violation of any state or federal statute or administrative rule]	WAC 246-808-520 _____ [Identification]
WAC 246-808-150 _____ [Commission-approved Continuing Education]	WAC 246-808-535 _____ [Delegation of Services to Auxiliary Staff & Graduate Doctors of Chiropractic]
WAC 246-808-320 _____ [Privileged communications]	WAC 246-808-560 _____ [Documentation of Care]
WAC 246-808-330 _____ [Patient abandonment]	WAC 246-808-565 _____ [Radiographic Standards]
WAC 246-808-340 _____ [Consultation]	WAC 246-808-585 _____ [Clinically Necessary X-Rays]
WAC 246-808-350 _____ [Unethical Requests]	<u>Other:</u> _____
WAC 246-808-360 _____ [Patient Welfare]	
<u>Scope of Practice</u>	
RCW 18.25.25.005 _____ [Chiropractic Defined]	WAC 246-808-575 _____ [Intravaginal Adjustment Restricted]
RCW 18.130.180 (12) _____ [Practice Beyond the Scope]	WAC 246-808-580 _____ [Acupuncture]
WAC 246-808-505 _____ [Classification of Chiropractic Procedures]	WAC 246-808-640 _____ [Scope of Practice]
WAC 246-808-570 _____ [Pelvic or Prostate Examination Prohibited]	<u>Other:</u> _____
<u>Sexual Misconduct</u>	
RCW 18.130.180 (1) _____ [Act Involving Moral Turpitude, Dishonesty or Corruption]	WAC 246-808-590 _____ [Sexual Misconduct]
RCW 18.130.180 (24) _____ [Abuse of a patient or Sexual Contact with Patient]	<u>Other:</u> _____



<u>Licensing Issues</u>	
<b>RCW 18.130.180 (2)</b> _____ [Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof]	<b>RCW 18.130.200</b> _____ [Fraud or misrepresentation in obtaining or maintaining a license – penalty]
<b>RCW 18.130.180 (10)</b> _____ [Aiding or abetting an unlicensed person to practice when a license is required]	<b>WAC 246-808-180</b> _____ [Expired licenses – requirements to reinstate]
<b>RCW 18.130.190</b> _____ [Practice without license]	<b>Other:</b> _____
<u>Fraud</u>	
<b>RCW 18.130.180 (13)</b> _____ [Misrepresentation or fraud in any aspect of the profession]	<b>Other:</b> _____
<u>Criminal Conviction</u>	
<b>RCW 18.130.180 (1)</b> _____ [Act involving moral turpitude, dishonesty or corruption]	<b>RCW 18.130.180 (17)</b> _____ [Conviction of any gross misdemeanor or felony relating to the practice of the person's profession]
<b>RCW 18.130.180 (6)</b> _____ [Possession, use, prescription for use, or distribution of controlled substances or legend drugs]	<b>Other:</b> _____
<u>Fee/Billing Complaints</u>	
<b>RCW 18.130.180 (13)</b> _____ [Misrepresentation or Fraud]	<b>WAC 246-808-550</b> _____ [Future Care Contracts]
<b>WAC 246-808-400</b> _____ [Excessive Professional Charges]	<b>WAC 246-808-630</b> _____ [Full disclosure of cost of services]
<b>WAC 246-808-540</b> _____ [Billing]	<b>Other:</b> _____
<b>WAC 246-808-545</b> _____ [Improper Billing Practices]	
<u>Records</u>	
<b>RCW 70.02</b> _____ [Medical Records – Health Care Information Access and Disclosure]	<b>WAC 246-808-655</b> _____ [Duties of a chiropractor who retires or withdraws from practice]
<b>WAC 246-808-560</b> _____ [Documentation of Care]	<b>Other:</b> _____
<b>WAC 246-808-650</b> _____ [Records and x-rays and withdrawal from practice – maintenance and retention of patient records]	

**Advertising**

**RCW 18.130.180 (3)** \_\_\_\_\_  
[False, Fraudulent or Misleading Advertising]

**WAC 246-808-605** \_\_\_\_\_  
[Honoring of Publicity and Advertisements]

**RCW 18.130.180 (13)** \_\_\_\_\_  
[Misrepresentation or Fraud]

**WAC 246-808-615** \_\_\_\_\_  
[Professional Notices, Letterheads, Cards and Mailings]

**WAC 246-808-520** \_\_\_\_\_  
[Identification of Chiropractic Practice]

**WAC 246-808-625** \_\_\_\_\_  
[Public Testimonial Advertising]

**WAC 246-808-600** \_\_\_\_\_  
[Prohibited Publicity and Advertising]

**Other:** \_\_\_\_\_

**Action by a Disciplinary Authority**

**RCW 18.130.180 (5)** \_\_\_\_\_  
[Suspension, Revocation or Restriction of License to Practice in any State, Federal or Foreign Jurisdiction]

**RCW 18.130.180 (22)** \_\_\_\_\_  
[Interference with Investigation or Disciplinary Proceeding]

**RCW 18.130.180 (8)** \_\_\_\_\_  
[Failure to cooperate w/disciplinary authority]

**WAC 246-808-700** \_\_\_\_\_  
[Compliance with Requests of Commission]

**RCW 18.130.180 (9)** \_\_\_\_\_  
[Failure to comply with order issued by disciplinary authority]

**Other:** \_\_\_\_\_

**Miscellaneous**

**RCW 18.130.180 (2)** \_\_\_\_\_  
[Misrepresentation or Concealment of a Material Fact in Obtaining a License or in Reinstatement Thereof]

**RCW 18.130.180 (21)** \_\_\_\_\_  
[Violation of RCW 19.68 – Rebating Prohibited]

**RCW 18.130.180 (15)** \_\_\_\_\_  
[Engaging with Public while Suffering from a Contagious or Infectious Disease]

**RCW 18.130.180 (6)** \_\_\_\_\_  
[Possession, Use, Prescription for Use, or Distribution of Controlled Substances or Legend Drugs]

**RCW 18.130.180 (16)** \_\_\_\_\_  
[Promotion for Personal Gain of any Unnecessary or Inefficacious Drug, Device, Treatment, Procedure or Service]

**RCW 18.130.180 (23)** \_\_\_\_\_  
[Current Misuse of Alcohol, Controlled Substances or Legend Drugs]

**RCW 18.130.180 (18)** \_\_\_\_\_  
[Procuring, or Aiding or Abetting in Procuring, a Criminal Abortion]

**RCW 18.130.180 (25)** \_\_\_\_\_  
[Acceptance of More Than a Nominal Gratuity, Hospitality or Subsidy offered by a Representative or Vendor]

**RCW 18.130.180 (19)** \_\_\_\_\_  
[Refusal to Divulge a Method, Means or Procedure for Curing or Treating a Disease]

**WAC 246-808-215** \_\_\_\_\_  
[Registration of Chiropractic X-ray Technicians]

**RCW 18.130.180 (20)** \_\_\_\_\_  
[Willful Betrayal of a Practitioner-Patient Privilege]

**Other:** \_\_\_\_\_

# VIII. VIOLATION CATEGORY:

[Refer to Attachment I for further detail]

**Please Note:** Violations are subject to aggravating and mitigating factors. [Refer to Attachment D for complete list]

## Aggravating Circumstances:

- |   |  |
|---|--|
| <input type="checkbox"/> Severity of Patient Harm                 | <input type="checkbox"/> Economic Harm to Any Individual or Entity |
| <input type="checkbox"/> Increased Potential for Public Harm      | <input type="checkbox"/> Willful or Reckless Misconduct            |
| <input type="checkbox"/> Refusal to Acknowledge Nature of Conduct | <input type="checkbox"/> Multiple or Repeat Violations             |
| <input type="checkbox"/> Prior Discipline in any Jurisdiction     | <input type="checkbox"/> Lack of Rehabilitation Potential          |

## Mitigating Circumstances:

- |   |   |
|---|---|
| <input type="checkbox"/> Isolated Incident, Not Likely to Recur           | <input type="checkbox"/> Absence of Prior Discipline                              |
| <input type="checkbox"/> Absence of Adverse Impact                        | <input type="checkbox"/> Implementation of Remedial Measures                      |
| <input type="checkbox"/> No Economic Harm                                 | <input type="checkbox"/> Acceptance and Understanding of Responsibility (Remorse) |
| <input type="checkbox"/> Self Reported a Voluntary Admission of Violation | <input type="checkbox"/> Potential for Remediation                                |

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(If remediation asserted, provide documentation of that effort.)

### CATEGORY I \_\_\_\_\_

Violations which are minor in nature, result in minor injury, or create a low risk of harm as determined by the disciplining authority.

- Requiring the satisfactory completion of a specific program of remedial education or treatment
- Censure or reprimand
- Payment of fine for each violation up to \$500
- Corrective action
- Refund of fees billed to and collected from the consumer

### CATEGORY II \_\_\_\_\_

Violations which are moderate in nature, result in moderate injury, or create a moderate risk of harm as determined by the disciplining authority.

- Suspension of the license for 1 month to 5 years (may be totally or partially stayed)
- Restriction or limitation of the practice
- Requiring the satisfactory completion of a specific program of remedial education or treatment
- The monitoring of the practice by a supervisor approved by the disciplining authority
- Compliance with conditions of probation for 6 months to 5 years
- Payment of fine for each violation up to \$2,500
- Denial of the license request
- Corrective action
- Refund of fees billed and collected from the consumer

**CATEGORY III** \_\_\_\_\_

Violations which are severe in nature, result in severe injury or create a significant risk of harm as determined by the disciplining authority.

- Revocation of the license
- Suspension of the license for 3 years or more (may be totally or partially stayed)
- Restriction or limitation of the practice
- Requiring the satisfactory completion of a specific program of remedial education or treatment
- The monitoring of the practice by a supervisor approved by the disciplining authority
- Compliance with conditions of probation for 3 years or more
- Payment of fine for each violation up to \$5,000
- Denial of the license requests
- Corrective Action
- Refund of fees billed to and collected from the consumer

Refer to Attachment E for Specific Violation Grids.

**DETERMINE CLOSURE STATUS CODE OR REQUESTED LEGAL ACTION CODE AND COMPLETE SECTION II.**

**IX. RECOMMENDED DISCIPLINARY SANCTIONS/CONDITIONS: [Check Applicable Sanctions/Conditions]**

**Core Sanctions:**

<u>Probation</u> _____  How Long? _____ Conditions of Probation: _____	<u>Suspension of License</u> _____  [If suspension is selected, it may be tied in with other sanctions, including fines, training, and restrictions after the suspension has been lifted.] How Long? _____ Length of any stay _____
<u>Revocation of License</u> _____  [If revocation is selected, the order must identify a time after which the Respondent may petition for reinstatement. The order may identify other conditions to precede any petition for reinstatement.]  Length of Time for Reinstatement _____	<u>Surrender of License</u> _____  [In lieu of sanctions] [Refer to Guidelines – Attachment F at pgs. 36-37]
<u>Censure or Reprimand</u> _____  [An expression of displeasure – the mildest of formal action]	

**Conditions:**

<u>Completion of a Specific Program of Remedial Education</u> (Additional CE's over the required 25 hours per year) _____  Radiology Courses _____ hrs Recordkeeping Courses _____ hrs Clinical Courses (Specify topics below) _____ hrs Ethics & Boundaries Courses _____ hrs  Other: _____	<u>Completion of Exams</u>  Jurisprudence _____ SPEC _____ NBCE Ethics & Boundaries _____  Other: _____ _____ _____
<u>Fine</u>  (Not to exceed \$5,000 per violation)  Paid within _____ (months/years)	<u>Practice Restrictions/Limitations:</u>  Patient-Type Restrictions: Supervised Structured Environment _____ Supervised Monitoring of Practice _____ Exam Chaperone _____ Notice/Disclosure to Patients _____ Patient Logs _____  Other: _____ _____ _____ _____
<u>Cost Recovery</u>  [Not to exceed \$1,000 per violation]  Paid within _____ (months/years)  <u>Please Note:</u> Cost recovery only for SOA/STID course of action as fines cannot be assessed	
<u>Refund of Fees</u>  Refunded within _____ (months/years)  Please Note: [STID – Fees to Complainant only] [SOC – Fees to Complainant as well as Third Parties]	<u>Compliance Requirements:</u>  Quarterly Declarations by Practitioner _____ Treatment Provider Reports _____ How Often? _____ Unannounced Practice Audits _____ Supervisor Reports _____ How Often? _____  Other: _____ _____ _____
<u>Psychiatric/Psychological/Sexual/Substance Abuse Evaluation</u> _____	<u>Other Sanctions/Conditions:</u>  _____ _____ _____ _____
<u>Completion of Remedial Psychotherapy or Counseling</u>  Length of Time: _____	

**X. COMMENTS:**

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Presented by:

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Reviewing Commission Member

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Date

This document is exempt from public disclosure under RCW 42.17.310 (1).