

PETITION FOR GRIEVANCES

Secretary of Health, Umair A. Shah, MD, MPH

Washington State Department of Health

PO Box 47890

Olympia Washington 98504-7890

Jessica Todorovich, Chief of Staff;

Lacy Fehrenbach, MPH, Deputy Secretary for COVID Response.

Scott Lindquist, MD, MPH, Acting Chief Science Officer, State Epidemiologist for Communicable Diseases;

David Bayne, Director, Strategic Partnerships;

Elizabeth Perez, MPH, Director, Center for Public Affairs and Equity;

Kelly Cooper, Director, Policy and Legislative Relations;

Maria Courogen, MPH, Director, Systems Transformation

Greetings **Umair A. Shah MD, MPH**, personnel, contractors and sub contractors of **Washington** State Department of Health under your authority.

This is to give notice to you of your trespasses and breach of trust causing damages and irreparable harm to the people of **Washington** State. You are a servant of the people and are demanded by well-established law to uphold your Oath of Office.

I _____ the lawful man/woman, submit this petition for grievances under the authority of **We the People** without duress or coercion.

These statements are made to best of my knowledge and under penalty of perjury under the laws of the united States of America.

- 1 You are here now accused for depriving the people of **Washington** State with your defiant unlawful assault through coercion, intimidation, psychological warfare and acts of domestic terrorism. You have promoted the unlawful intimidation and coercion of unfounded medical advice by licensed and unlicensed practitioners of health.

2. You have acted outside your oath of office by illegally and unlawfully denying all the people and their offspring in **Washington** State of their Constitutionally protected, unalienable right to breathe freely and to peaceably assemble without restriction by unlawfully demanding they wear a medical device known as a mask, social distancing or being subjected to an experimental gene therapy injection with unknown future repercussions.
3. You have caused undue suffering, cognizant dissonance and have unlawfully humiliated and continued to discriminate against the people of **Washington** State and their offspring for their wise choice not to follow governmental unjust, unlawful, and unfounded mandates not supported by legislation or well-established law, documented scientific and medical fact causing continued mental abuse and assault through coercion and intimidation of unfounded scientific controlled studies.
4. Social unrest has been caused by unfounded fear and propaganda being distributed and used to create mass panic, discrimination, and violence by the less informed in retaliation to those cognizant of well-founded principals in science and law.
5. You have knowingly and willingly engaged in domestic terrorism through coercion and intimidation by purposely promoting unfounded logic and propaganda to the masses throughout **Washington** State.
6. Please consider this a FOIA request for your Oath of Office, Risk Management Company and Indemnity Bond Carrier and policy number and those of every public servant working in **Washington** State, under your authority as Secretary of Health so that We the People shall be indemnified for your unlawful actions.
7. This petition for grievances shall be responded to within (10) ten business days of its receipt. Any correspondence shall be mailed to the address above and emailed to:

8. Those who knowingly and willingly refuse to abide by or provide the above-mentioned information shall and will be held in their professional and private capacity to the fullest extent the law will allow.

CONSTITUTIONAL REMEDY

Given the facts provided within this Petition for Grievances, I conclude that any and all unlawful actions taken by **Washington** State Secretary of Health **Umair A. Shah MD, MPH** and all personnel, contractors and sub-contractors of **Washington** State Department of Health under **his** authority, have deprived all the people and their offspring in **Washington** State of their Constitutionally protected, unalienable rights, and has resulted in trespass, harassment and discrimination against the people and their biological property. The liability for forced participation in a medical experiment, including injury or death may be incalculable and if harm or death occurs to any more people you shall be held accountable both professionally and personally. **By federal law Title 21 U.S.C. Section 360bbb-3(e)(1)(A)(ii)(I-III) of the Federal Food, Drug, and Cosmetic Act:** Individuals to whom the product is administered are informed- (III) Have the option to accept or refuse administration of the product, and under the Nuremberg Code, I am refusing any and all unlawful EUA products or testing on myself and all offspring but *not limited to*; EUA Tests, EUA Medical Procedures, EUA Facial Masks/Coverings, EUA Investigational Products, including facial masks, EUA Testing Centers, EUA Health Data Tracking and Surveillance Platforms, Population Genomics Programs, Diagnostic Laboratories, IT Health Data Platforms. Social Distancing, Covid testing, Temperature Taking and/or Experimental Gene Therapy Injections known as the COVID19 Vaccine. I move that this matter be rectified immediately, and the freedom of ALL the people of **Washington** State be restored and made whole through demonstrating the end of all facial covering discrimination, social distancing, unlawful programs, policies and procedures violating the rights of the people through the implementation of these unlawful programs and ensure Constitutional compliance and the training necessary for staff compliance.

Signed_____

Printed Name_____

BRIEF IN SUPPORT OF PETITION ATTACHED

NOTARY STATEMENT

In the State of **Washington**

County of _____

I swear that on this _____ day of _____, 2021

the above-named petitioner, _____

personally, appeared before me, and of his/her own free will, signed and executed this

Petition for Grievances.

Notary Public

My Commission Expires: _____

Seal: