**PETITION FOR GRIEVANCES INSTRUCTIONS**

1. Fill this out on the computer and then print it out OR print it out and fill it in by hand. You will be mailing a physical copy by certified mail.

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

Enter your first, middle and last name and full home address on the blank line.

1. 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

In Section 7 of the petition please enter your email address

1. Do not sign this document without a Notary present.
2. The Notary fills out everything under the **Notary Statement**

Assemble the papers in this order and do not staple: **Cover- Petition - Brief**

1. Get it notarized and make copies.
2. Keep your original and send the copy in a 9x12 manilla envelope to this address via certified mail with return receipt at your local post office. It is about $10 :

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

**Washington State Department of Health**

**PO Box 47890**

**Olympia Washington 98504-7890**

1. Take a photo of your envelope once the post office has stamped it.
2. Keep your copies in a safe place.
3. Get as many people as possible to do this. This is not for parents only. This is worded so everyone can participate. We all must do this in unity across America.
4. Get together in groups, get 2 or more notaries. Meet at homes, parks, schools, churches etc . We need the numbers!
5. **SHARE THIS WITH EVERYONE YOU KNOW!**