Office Use ONLY
Date Received: _____
Case No: _____

Professional Standards Section
Broward County Governmental Center
115 South Andrews Avenue, Suite 119, Fort Lauderdale, FL 33301
Phone: 954-357-6500 TTY: 954-357-7888 Fax: 954-357-7889

CONE OF SILENCE COMPLAINT FORM

Last Name: _____ First Name: _____ Middle Initial: _____

Home Ph. #: _____ Work Ph. #: _____ Cell Ph. #: _____

Home Address: _____ Apt./Unit #: _____

City: _____ State: _____ Zip Code: _____

Company Name: _____ Phone number: _____

Department/Division: _____

Address: _____ Room#/Unit: _____

City: _____ State: _____ Zip Code: _____

Email: _____

I believe that the following Vendor has violated the Broward County Cone of Silence Ordinance:

Company Name: _____

Name and Position/Title of the Vendor's Authorized Contact Person: _____

Department/Division: _____ Phone number: _____

Address: _____ Room#/Unit: _____

City: _____ State: _____ Zip Code: _____

Email: _____

I believe that the following Vendor's Representative violated the Broward County Cone of Silence Ordinance:

☐ Same as above

Company Name: _____ Phone number: _____

Name and Position/Title: _____

_____

Address: _____ Room#/Unit: _____

City: _____ State: _____ Zip Code: _____

Email: _____

What solicitation does the alleged violation of Broward County's Cone of Silence pertain to? (Please provide supplemental documentation):

What was the opening date of the solicitation? (Please provide supplemental documentation)

What relationship does the vendor have as relates to the solicitation? (Please provide documentation)

☐ Potential Vendor

☐ Awarded Vendor

☐ Other: _____

Was the vendor responsive?	☐ Yes	☐ No
Was the vendor responsible?	☐ Yes	☐ No
Was the vendor the lowest bidder?	☐ Yes	☐ No
Was a contract award made?	☐ Yes	☐ No

What is the current status of the solicitation? _____

When was the restricted communication received? Please indicate date and time, if possible.

_____

_____

Please state the specific language of the Cone of Silence Ordinance which you believe was violated:

In order to complete your complaint form, please provide the following information.
If additional space is needed, please add an additional sheet.

Please provide a detailed narrative of the violation in the space provided below. Include all pertinent details.

Is there evidence that can be examined or documentation which can be reviewed? ○ Yes ○ No
If yes, please describe the evidence and where it can be found, if known.

Are there witnesses to the improper activity? ○ Yes ○ No
If yes, please identify any witnesses by name and provide any contact information you may have in the space below.

Name	Address	Home/Cell Phone	Work Phone	If County employee, please provide division and position

NOTE: Please provide the names of who is/was on the Evaluation or Selection Committee with the complaint form.

By signing this document, I declare that I have completed this form in good faith and my answers and statements contained herewith are true and correct based on my current knowledge.

Printed Name: _____ Sign and Date: _____

Please return completed form to the Broward County Professional Standards/Human Rights Section