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

PROFESSIONAL STANDARDS COMPLAINT FORM

Individuals can report alleged wrongdoing on the part of Broward County, its officers, employees, and independent contractors, including but not limited to violations of law that create a substantial and specific danger to the public's health, safety, or welfare, gross waste of County funds or property, or abuse or neglect of duty. To file a complaint (under the Whistle-Blower Program), this completed form must be submitted to the Professional Standards/Human Rights Section. The identity of persons who file complaints under this program is protected under the law pending the investigation.

Last Name: First Name: Middle Initial:

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

Home Address: Apt./Unit #:

City: State: Zip Code:

Email Address:

Your status- Please check one (1): ☐ Private Citizen ☐ Independent Contractor ☐ County Employee

If County employee, please list your department:

Have you previously filed a complaint with the Professional Standards Section? ○ Yes ○ No

I believe that the following is involved in wrongdoing (as identified in the Broward County Whistle-Blower Ordinance):

If Broward County, please check one (1): ○ Agency ○ Officer ○ Employee and provide:

Name and Position/Title:

Department: Division: Location:

○ Independent Contractor If Independent Contractor, please provide the following:

Company Name:

Address: Rm./Unit:

City: State: Zip Code:

Type of Improper Activity (please check all that apply):

☐ Act or suspected act of gross neglect of duty

☐ Act or suspected act of gross waste of public funds

☐ Violation or suspected violation of federal, state, or local law or regulation, which poses a substantial and specific danger to the public health or safety

☐ Act or improper act of gross mismanagement, wrongdoing, misconduct, or performance of a lawful act in an illegal or improper manner.

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

When did the event(s) take place?
Please indicate the time and frequency.

Where did the event(s) occur?
Please indicate location, address, and city.

Please describe the allegation of improper activity in detail in the space provided below:

How did you learn of the improper action? (Please note if you witnessed the activity personally, if you saw documentation indicating the activity occurred, or if you heard about it from someone else.)

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 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

Was a specific law or state regulation violated? ○ Yes ○ No

If yes, please note below if possible.

Is this complaint currently pending with any other Agency? ○ Yes ○ No

If yes, please provide the name(s) and address(es) of the Agency(ies) below:

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