Office Use ONLY
Date Received:____/____/____
WB Case No.: _____

Professional Standards Section

Whistleblower Retaliation Complaint Form

Name:

Address:

City: State: Zip:

email:

Phone Number(s) Home: Work: Cellular:

Division & Position:

Have you previously engaged in any of the following protected whistle-blower activities:

☐ Filed a Whistle-Blower complaint ☐ Testified or provided evidence in a whistle-blower investigation

☐ Declined to give testimony or other evidence in a whistle-blower investigation

If you checked any of the boxes above, please list the agency(-ies) under investigation and note when the activity occurred:

Agency: Month / Year:

Agency: Month / Year:

In the space provided below, please explain your complaint in detail. *Include the name(s) of persons committing the retaliation; a description of the actions taken against you; location where retaliation occurred; date(s) on which actions occurred; and any other information pertinent to the complaint. Continue on back page, use additional sheets of paper, if necessary, or attach substantiating information.*

What action would you like Broward County to take to resolve your complaint?

Signature

Date

Return completed form to:
Broward County Professional Standards
115 S. Andrews Avenue, Suite 119
Fort Lauderdale, FL 33301
Voice: 954-357-6500 ● TTY: 954-357-7888
Fax: 954-357-7889