

Office Use ONLY
Date Received: ___/___/___
CoS Case No: _____



Office of Intergovernmental Affairs and Professional Standards
Broward County Governmental Center
115 South Andrews Avenue, Suite 427, 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:

Department/Division: Phone Number:

Address: Rm./Unit #:

City: State: Zip Code:

Email Address:

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: Rm./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:

Name and Position/Title:

Department/Division: Phone Number:

Address: Rm./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

If a contract award was made, what date was the contract award made? (Please provide supplemental documentation.)

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, complete the following sections.

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

Are there any 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 / Cel. Phone	Work Phone	If County Employee, please provide division and position.

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

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

Printed Name

Sign and Date

Please return completed form to the Office of Intergovernmental Affairs and Professional Standards