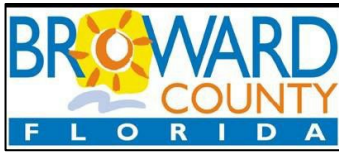


Office Use ONLY
Date Received: _____
Case No: _____



Professional Standards Section
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: _____ 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the vendor responsible? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the vendor the lowest bidder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was a contract award made? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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