

WHISTLEBLOWER COMPLAINT FORM

(Type or Print Clearly)

Office Use Only

Date Received:

WB Case No.:

Return to:

Office of Professional Standards
Broward County Government Center
115 S. Andrews Avenue, Rm. 426
Ft. Lauderdale, FL 33301
Telephone: (954) 357-7896

Person (Name of Person) Filing Whistleblower Report

Name: _____ Date: _____ Division: _____

Work Phone: _____ Address: _____

Home Phone: _____ Work Location: _____ Best Time to Call: _____

Dept. or Independent Contractor or Private Citizen: _____

Complaint Filed Against

Name: _____ Name: _____ Their Supervisor(s) if known: _____

Position/Title: _____ Position/Title: _____

Dept.: _____ Dept.: _____

Division: _____ Division: _____

Location: _____ Location: _____

Type of Improper Activity

- Violation or suspected violation of federal, state or local law or regulation, committed by a County employee or agent, or independent contractor, which poses a substantial and specific danger to the public health or safety
- Act or suspected act of gross mismanagement, malfeasance, or misfeasance committed by an employee, agent, or independent contractor of the County
- Act or suspected act of gross waste of public funds by an employee, agent, or independent contractor of the County
- Act or suspected act of gross neglect of duty committed by an employee, agent, or independent contractor of the County

1. What is the allegation of improper activity? Please describe in detail.*

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

3. Where did the event(s) occur?*

4. Are there other witnesses? If so, what are their names, positions, and divisions?*

5. Is there evidence that can be examined or documentation which can be reviewed?* If yes, describe the evidence and where it can be found, if known.

6. How do you know about the improper action? Did you see it occur? Did you see documentation indicating it occurred? Did you hear about it from someone?*

7. Were there any witnesses to the improper act? If so, identify by name, home/work address, home/work telephone number, or where they can be reached during the day.

8. What specific law or state regulation has been violated, if you know?

9. Have you filed a complaint with this Office previously? Yes _____ No _____

10. Is this complaint now pending with any other Agency? Yes _____ No _____

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

Signature: _____ Date: _____

* If additional space is needed, continue on back and use additional sheets if necessary.