Retaliation Complaint

(Please Print or Type Clearly)

1a. Name: _____

1b. Address: _____ Phone # Home ( ) ___ ____

_____ Work ( ) ___ ____

1c. Division & Position: _____

2. Have you previously engaged in any of the following protected whistleblower activities: filed a whistle blower report (of wrongdoing); given testimony or other evidence in a whistleblower investigation; declined to give testimony or other evidence in a whistleblower investigation?

_____ Yes _____ No If yes, when? _____

If yes, what agency was under investigation, if known? _____

3. Please state your complaint in detail. Include (1) name(s) of persons committing the retaliation(s); (2) a description of the retaliation(s); (3) place where retaliation(s) occurred; (4) date(s) on whitch retaliation(s) occurred; and any other information pertinent to the complaint. Continue on back page or use additional sheets, if necessary. Attach substantiating documentation to complaint, if available.

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if additional space is needed continue on back.

4. What action would you like the county to take to resolve your complaint? _____

Signature: _____ Date: _____

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