



# BROWARD OFFICE OF THE INSPECTOR GENERAL

## COMPLAINT FORM

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (optional)

\_\_\_\_\_  
Phone Number (optional)

\_\_\_\_\_  
E-Mail (optional)

Are you a Broward County Employee?  Y  N (optional)

Are you an employee of a Broward municipality?  Y  N (optional)

\_\_\_\_\_  
If yes, name of municipality

### COMPLAINT

A detailed complaint based on your personal knowledge is required. Attachments are permitted.

Under penalties of perjury, I declare that I have read the foregoing complaint and that based on my personal knowledge the facts stated in it are true. This verification extends to all attachments and additional pages.

Signature of Complainant

FOR OFFICE USE ONLY: Form of submission:      Mail      Email      In Person

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Complaint # \_\_\_\_\_ Complaint Confidential per §112.3188,F.S.     Y     N