

Office Use ONLY  
Date Received: \_\_\_\_\_  
Case No: \_\_\_\_\_



Professional Standards/Human Rights Section  
Broward County Governmental Center  
115 South Andrews Avenue, Suite 426, 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