Whistle-Blower Retaliation Complaint Form

Name: 
Address: 
City: State: Zip: 
email: 
Phone Number(s) Home: Work: Cellular: 
Division & Position: 

Have you previously engaged in any of the following protected whistle-blower activities:

☐ Filed a Whistle-Blower complaint  ☐ Testified or provided evidence in a whistle-blower investigation

☐ Declined to give testimony or other evidence in a whistle-blower investigation

If you checked any of the boxes above, please list the agency(-ies) under investigation and note when the activity occurred:

Agency: Month / Year: 
Agency: Month / Year: 

In the space provided below, please explain your complaint in detail. Include the name(s) of persons committing the retaliation; a description of the actions taken against you; location where retaliation occurred; date(s) on which actions occurred; and any other information pertinent to the complaint. Continue on back page, use additional sheets of paper, if necessary, or attach substantiating information.
What action would you like Broward County to take to resolve your complaint?

__________________________  ___________________________
Signature                                           Date

Return completed form to:
Professional Standards/Human Rights Section
115 S. Andrews Avenue, Suite 426
Fort Lauderdale, FL 33301
Voice: 954-357-6500 ● TTY: 954-357-7888
Fax: 954-357-7889