



BROWARD OFFICE OF THE INSPECTOR GENERAL

COMPLAINT FORM

Name _____

Date _____

Address (optional) _____

Phone Number (optional) _____

Email (optional) _____

Are you a Broward County Employee? Y N

Are you an employee of a Broward municipality? Y N _____
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 <input type="checkbox"/>	E-Mail <input type="checkbox"/>	In Person <input type="checkbox"/>
Received by: _____		Date Received: _____		
Complaint # _____		Complaint Confidential per §112.3188,F.S. Y <input type="checkbox"/> N <input type="checkbox"/>		