

## COMPLAINT FORM

**1. COMPLAINANT (PERSON BRINGING COMPLAINT)** *Add pages, if necessary.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**2. RESPONDENT (PERSON AGAINST WHOM COMPLAINT IS MADE)** *Add pages, if necessary.*

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Title/Office Held or Sought: \_\_\_\_\_

**3. IF KNOWN, CHECK THE BOX OR BOXES THAT APPLY**

Allegation is against person in

**County Government**

Allegation is about County

**Whistleblower Retaliation**

Allegation is against person in

**City Government**

**NAME CITY** \_\_\_\_\_

**4. STATEMENT OF FACTS BASED ON YOUR PERSONAL KNOWLEDGE**

In a separate attachment, please describe in detail the facts and actions that are the basis of your complaint, including the dates when the actions occurred. Also attach any relevant documents as well as names and contact information of persons who may be witnesses to the actions. If known, indicate the section of the ordinance you believe is being violated. For further instructions, see page 2 of this form.

**5. OATH**

I, the person bringing this complaint, do depose on oath or affirmation and say that the facts set forth in the foregoing complaint and attachments are true and correct, to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Person Making Complaint

**STATE OF FLORIDA**

**COUNTY OF** \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_,  
(Name of Person Making Statement)

\_\_\_\_\_  
(Signature of Notary Public, State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally known to me \_\_\_\_\_

*or*

Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_

## COMPLAINT FORM INSTRUCTIONS

The Miami-Dade County Board of County Commissioners through Ordinance 97-105 established the Miami-Dade Commission on Ethics & Public Trust.

The Ethics Commission encourages persons with personal knowledge of suspected violations of ordinances within its jurisdiction to bring forth evidence in a legally sufficient complaint. TO BE LEGALLY SUFFICIENT, THE COMPLAINT MUST MEET THE FOLLOWING CRITERIA:

1. The complaint must allege a violation of any ordinance within the jurisdiction of the Ethics Commission.
2. The allegations must be based substantially on personal knowledge.
3. The complaint must be signed under oath or affirmation by the complaining person.

If known, please indicate within your complaint the name and/or subsection of the ordinance that may have been violated. The Ethics Commission has jurisdiction to hear complaints related to the following:

- **Code of Ethics & Conflict of Interest Ordinance**—Co. Code §§ 2-11.1 et seq. and comparable municipal codes
- **Lobbyist Registration and Reporting**—Co. Code § 2-11.1 (s) and comparable municipal codes
- **Campaign Activities**—Co. Code. § 2-11.1.1 and comparable municipal codes
- **Expedited Election Complaint**, to be timely heard by a hearing examiner directly before an election—Co. Code. § 2-11.1.1 (E), *subject to filing fee*
- **Citizen's Bill of Rights**—Co. Home Rule Charter and comparable municipal charters
- **Whistleblower Retaliation**—Co. Code § 2-56.28.17; *County whistleblower complaints must be filed simultaneously with the County Manager's office.*

Within thirty (30) days after receipt of the complaint by the Ethics Commission, a copy shall be sent to the alleged violator.

A filing fee is generally not required, except in certain expedited cases, but fines may be assessed against those who file frivolous complaints, as per County Code § 2-1074 (t).

The completed complaint form, notarized and substantiated with relevant documents, if available, may be mailed or delivered in person to the Miami-Dade Commission on Ethics, 19 West Flagler St., Suite 820, Miami, FL 33130.

Additional information about the complaint process can be obtained by calling 305.579.2594 or following the link to the Ethics Commission at [www.miamidade.gov](http://www.miamidade.gov).

The Ethics Hotline number is 786.314.9560.