

MIAMI-DADE COMMISSION ON ETHICS & PUBLIC TRUST

19 West Flagler St., Suite 820, Miami, FL 33130
Tel. 305.579.2594 Facsimile 305.579. 0273

COMPLAINT FORM

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

Name: _____

Address: _____ City: _____ Zip Code _____

Contact No.'s: *Specify Home, Work &/or Cell* _____

E-mail: _____

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

Name: _____

Address: _____ City _____ Zip Code _____

Contact No(s): *Specify Home, Work &/or Cell* _____

Title/Office Held or Sought: _____

3. IF KNOWN, CHECK WHICH APPLIES: ALLEGATION REFERS TO

Person in County Government Person in City Government. Specify City: _____

County Whistleblower Retaliation Elections Campaign Practices (A fee of \$301.00 is required for expedited process. We only accept payment by check, credit card or money order)

Note: The Ethics Commission does not have jurisdiction over State or Federal officials, Judges or employees or the Miami- Dade County School Board.

4. STATEMENT OF FACTS BASED ON PERSONAL KNOWLEDEGE.

In a separate attachment, please describe in detail the facts and actions that form the basis of your complaint, including dates when the action(s) occurred. Also, attach any relevant documents as well as names and contact information of witnesses or other persons who may have knowledge about the actions. If known, indicate the section of the ordinance you believe is being violated. For further instructions and procedures, see Page 2 of this form.

5. OATH

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

**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

Signature of Complainant

Print, Type or Stamp Commissioned Name of Notary Public
Personally known to me _____ or produced identification _____
Type of identification produced: _____

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COMPLAINT FORM: INSTRUCTIONS & PROCEDURES

The Miami-Dade County Board of County Commissioners, through Ordinance 97-105, established the Miami-Dade County Commission on Ethics & Public Trust (COE). The COE 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 an ordinance(s) within the jurisdiction of the COE;
- 2) The allegation(s) must be based substantially on personal knowledge;
- 3) The complaint must be signed under oath or affirmation by the complaining individual (complainant).

The COE has jurisdiction to hear complaints related to the following Co. & comparable municipal ordinances:

- Code of Ethics & Conflict of Interest Ordinance- §§ 2-11.1, *et. seq.*
- Lobbyist Registration and Reporting- §2-11.1(s)
- Political Campaign Activities- § 2-11.1.1
- Expedited Election Complaints, to be timely heard by a hearing examiner before an election, subject to a filing fee- § 2-11.1.1(E)
- Citizens' Bill of Rights- County's Home Rule Charter
- Employee Protection Ordinance (Whistleblower Retaliation)- § 2-56.28.17 (These complaints must be simultaneously filed with the Office of the Mayor)

The completed Complaint Form, notarized and substantiated with relevant documents, if available, may be mailed or delivered in person to the Miami-Dade County Commission on Ethics, 19 West Flagler St., Suite 820, Miami, FL 33130. A filing fee is not generally required, except in certain expedited cases; however, fines may be assessed against those who file frivolous complaints, as per County Code § 2-1074(t). Upon receipt of a sworn complaint, a complaint number will be assigned. A determination shall be made regarding jurisdiction, legal sufficiency, probable cause, withdrawal or a stay of the proceedings.

A preliminary investigation may be undertaken in all instances where a complaint has been received, in order to consider and determine jurisdiction, legal sufficiency, probable cause, withdrawal or a stay of the proceedings or any other matters included in the Rules of Procedure. You may be required to speak to COE Staff and/or produce additional documentation in support of your complaint. Once a determination is made by COE Staff, a recommendation on your complaint will be presented to the COE which may take such action as authorized by the Rules. You will NOT be notified of the date that your complaint is considered to determine LEGAL SUFFICIENCY. While the Complaint itself and all Staff and COE actions related to the Complaint are **CONFIDENTIAL**, the Staff may advise the Complainant or Respondent about the status of the complaint proceeding. You will be notified of the date when the COE will consider the complaint you filed to determine probable cause. You will not be permitted to attend the probable cause determination hearing **unless** the COE determines that the violation **DIRECTLY** affects you, i.e., you have personally suffered loss or detriment, directly or indirectly, as a result of the Respondent's alleged violation. Notice of the probable cause hearing shall be sent to all directly affected complainants and respondents. Upon the COE's order, both the Complainant and Respondent will be notified of the final disposition and be provided with a copy of the Advocate's written recommendation.

For additional information on the complaint process, please contact COE Staff at (305) 579-2594, or follow the link to the Ethics Commission at <http://miamidade.gov> The Ethics hotline number is (786) 314-9560.

The Ethics Commission is a public entity subject to the Public Record laws, Chapter 119, Florida Statutes.