

# KEEPING JACKSON ACCOUNTABLE: WHISTLEBLOWER INFORMATION

**Instructions:** On the reverse side, you will find a complaint form to complete if you have any serious information to report regarding the Public Health Trust. There are certain provisions under both Florida law and the Miami-Dade County Code that protect employees from retaliation in the workplace under certain circumstances.

## What kind of information should I disclose in this form?

As a PHT employee, the law is designed to protect you from retaliation in the workplace if you report any of the following:

- Any violation or suspected violation of any federal, state or local law, rule or regulation committed by an employee or agent of the Public Health Trust or independent contractor which creates and presents a substantial and specific danger to the public's health, safety or welfare;
- Any act or suspected act committed by a PHT employee (including administrators at any level), agent, or independent contractor, that involves:
  - Gross mismanagement
  - Malfeasance (misconduct or wrongdoing)
  - Misfeasance (lawful action performed in an illegal or improper manner),
  - Gross waste of public funds, OR
  - Gross neglect of duty committed by a PHT employee (including administrators at any level), agent, or independent contractor;
  - Suspected or actual Medicaid fraud or abuse (including submitting false claims);

If you have information related to any of the above, complete the form on the reverse side of this flyer as follows:

- Insert your name in the space provided
- If you do not wish to send this to the Office of the Inspector General, cross out that information in the CC: section.
- List the approximate dates that the activity you are complaining about occurred.
- Describe the facts surrounding your complaint in the "description of the occurrence" section.
- Be accurate and factual. Attach additional sheets if necessary.
- Please make your complaint in good faith, as only complaints made in good faith are protected by law.
- Be sure to sign your complaint, and print your name. (Please note that anonymous complaints are not protected under the law.)
- Submit your completed complaint to PHT President Carlos Migoya, Mayor Carlos Gimenez, and, if you elect, to the OIG.
- Be sure to keep a copy for your own records.
- Submit a copy of the complaint to SEIU 1991.

Note: The above information is intended to give you the information on the legal protection afforded to whistleblowing. Following this form and directions is no guarantee or assurance that you will be protected under the applicable law. This form is not intended to be used for grievances under the collective bargaining agreement or other PHT personnel procedures.

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WHISTLEBLOWER INFORMATION**

**WHISTLEBLOWER COMPLAINT FORM**

**To:** Carlos Migoya  
Public Health Trust  
1611 N.W. 12th Avenue, West Wing 117  
Miami, Florida 33136  
Facsimile: (305) 324-0065  
Email: [carlos.migoya@JHS.Miami.org](mailto:carlos.migoya@JHS.Miami.org)

**CC: Mayor Carlos A. Gimenez**  
Office of the Mayor  
Stephen P. Clark Center  
111 N.W. 1<sup>st</sup> Street  
Miami, FL 33128  
Email: [mayor@miamidade.gov](mailto:mayor@miamidade.gov)

**Office of the Inspector General**  
19 West Flagler Street  
Suite 220  
Miami, Florida 33130  
Facsimile: (305) 579-2656

**From:** \_\_\_\_\_

I am writing to bring to your attention a serious matter that has occurred at the Public Health Trust. I am bringing this complaint in good faith on my own initiative, because I believe that this seriously impacts Jackson's patients and employees, as well as the citizens of Miami-Dade County.

**Date of occurrence:** \_\_\_\_\_

**Description of occurrence:**

Please do something to stop this activity, for the patients and employees of Jackson, and the County's taxpayers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_