

INSPECTOR GENERAL ACTION REQUEST	Case #:	Date
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PRIVACY ACT STATEMENT

Information contained on this form is maintained under the Systems of Records Notice N05041-1 Inspector General (IG) Records (November 20, 2001, 66 FR 58132). **AUTHORITY:** 10 U.S.C. 5014, Office of the Secretary of the Navy; 10 U.S.C. 5020, Naval Inspector General: details; duties; SECNAVINST 5430.57F, Mission and Functions of the Naval Inspector General, January 15, 1993. **PRINCIPLE:** Any person who has been the subject of, witness for, or referenced in an Inspector General (IG) investigation, as well as any individual who submits a request for assistance or complaint to an Inspector General. **PURPOSE:** To determine the facts and circumstances surrounding allegations or complaints against Department of the Navy personnel and/or Navy/Marine Corps activities. To present findings, conclusions and recommendations developed from investigations and other inquiries to the Secretary of the Navy, Chief of Naval Operations, Commandant of the Marine Corps, or other appropriate Commanders. **ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as they appear in the "Blanket Routine Uses". **DISCLOSURE:** Mandatory for computer matching purposes.

Section I- TO BE COMPLETED BY COMPLAINANT:

Do you wish to remain anonymous? (If yes, do not identify yourself below) <input type="checkbox"/> YES <input type="checkbox"/> NO	If no, do you want confidentiality? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(If yes, identify yourself below. We will make every effort to protect your identity from disclosure; however, disclosure may be required during an investigation or in the course of corrective action)</small>
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NAME (Last, First, Middle Initial) (optional):	Signature Field
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GRADE:	ORGANIZATION:	SEX: M/F	Have you asked your immediate commander/supervisor for assistance with this problem?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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ADDRESS: (Where the response to this complaint will be sent)	Is this a request for Assistance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Are you making a HOTLINE Complaint?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	Are you willing to be interviewed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	NAMES AND/OR POSITIONS OF OFFICIALS YOU HAVE CONTACTED (or others having knowledge or your complaint)		

E-Mail:	1.
Home Telephone Number:	Work Telephone Number:
Description of Complaint of Issues that require Assistance or Inquiry: (Please detail the nature of the problem or issue and include who, what, where, when, and how.)	2.
	3.
	4.
	5.
	6.
	7.
	8.
	9.

10.	What exactly do you want the Inspector General/Command Inspector to do for you to resolve this complaint?
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Section II- TO BE COMPLETED BY IG/INSPECTOR RECEIVING REQUEST:

Official Receiving Request:	Telephone #:	Investigating Official/Agency:	Telephone #:
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Date Opened:	Date Closed:	Office Symbol/Command	Are there other similar complaints regarding this issue?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Complainant status:				Special Interest Complaints:			
Active Duty	Civilian Government Employee	WB Reprisal	Senior Official	Other			
Reserve	Dependent/Relative	Mental Health	FWA	Other			
Midshipman/Candidate	Civilian	Civilian	Grievance Channel:				

	Retired Military		Other Service		USN		USAF		USA		USCG			Congressional		CMC
Complainant's Command:			Subject's Command									IG	DoD HOTLINE	USMC HOTLINE		
												Most Significant Complaints/Allegations:				
IGMC Complaint Registration Form/Version (1) dtd March 2004 Action:						Complaint:						Finding Codes:		Code:		
	Assist		Referred for Info							R=Resolved						
	Transferred for Action		Transferred to External Agency							S=Substantiated						
	IGMC Investigation		Command Inspector Investor Investigation							NS=Not-substantiated						
Referred/Transferred/Tasked to:												I=Inconclusive				
PERSONAL AND FRAUD, WASTE & ABUSE COMPLAINT REGISTRATION FORM (Continued):																