JAVASCRIPT MUST BE ENABLED FOR THIS FORM TO WORK PROPERLY

COMMANDER, NAVY INSTALLATIONS COMMAND
INSPECTOR GENERAL ACTION REQUEST

(Read Privacy Act Statement and Instructions before completing form.)

PRIVACY ACT STATEMENT

AUTHORITY: Inspector General Act of 1978, As Amended; Title 5, U.S.C. Sections 2301 and 2302; DoD Directive 5106.01; DoD Instruction 7050.01; DoD Directive 1401.03; DoD Directive 7050.06; Title 10, U.S.C. Section 5014 and 5020; System of Records Notices: N05041-1 and N01070-3.
PRINCIPLE PURPOSE: To secure sufficient information to inquire into the matters presented and to provide a response to the requestor(s) and/or take action to correct deficiencies.
ROUTINE USES: Information is used for official purposes within the Department of Defense: to answer complaints or respond to requests for assistance, advice, or information; by Members of Congress and other Government agencies when determined by the Inspector General to be in the best interest of the Navy. Department of Defense Blanket Routine Uses also apply.
PRIVACY WARNING: We cannot guarantee your complete privacy when you use this form because complaints transmitted via the internet cannot be completely protected from unauthorized attempts to access information.
DISCLOSURE: of personal information is voluntary. However, failure to provide complete information may hinder proper identification of the requestor, accomplishment of the requested action(s), and response to the requestor.

1. DO YOU WISH TO REMAIN ANONYMOUS?	☐ YES	☐ NO	(IF YES, DO NOT IDENTIFY YOURSELF BELOW.)
2. IF NO, DO YOU WANT CONFIDENTIALITY?	☐ YES	☐ NO	(IF YES, IDENTIFY YOURSELF BELOW. WE WILL NOT RELEASE YOUR NAME WITHOUT YOUR CONSENT.)
3. ARE YOU WILLING TO BE INTERVIEWED?	☐ YES	☐ NO	

4. YOUR CONTACT INFORMATION

a. LAST NAME:	b. FIRST NAME:	c. MI:	d. GRADE/RANK:
e. MAILING ADDRESS:			
f. EMAIL:			
g. HOME PHONE:	h. OFFICE PHONE:	i. MOBILE PHONE:	

5. **WHO** IS PERFORMING THE WRONGDOING?

a. LAST NAME:	b. FIRST NAME:	c. MI:	d. GRADE/RANK:
e. DUTY STATION / PLACE OF EMPLOYMENT:			

6. **WHAT** DID THIS INDIVIDUAL / COMMAND DO OR FAIL TO DO THAT WAS WRONG? IF COMPLAINT IS AGAINST A COMMAND OR ACTIVITY, PLEASE PROVIDE COMMAND / ACTIVITY'S FULL NAME AND LOCATION.

7. WHAT RULE, REGULATION, OR LAW DO YOU THINK THIS INDIVIDUAL / COMMAND VIOLATED?

8. BRIEFLY DESCRIBE THE ALLEGED WRONGDOING. ALSO, PLEASE ATTACH ANY DOCUMENTS THAT SUPPORT YOUR COMPLAINT.

9. **WHEN / WHERE** DID THE INCIDENT OCCUR? BE AS SPECIFIC AS POSSIBLE ABOUT THE DATES, TIMES, LOCATIONS, AND COMMAND.

10. HAVE YOU USED ANOTHER PROCESS (e.g., CONGRESSIONAL, EEO, CHAIN-OF-COMMAND) OR CONTACTED ANOTHER IG TO RESOLVED THIS MATTER? IF YES, PLEASE IDENTIFY THE PROCESS AND THE CURRENT STATUS OF THE MATTER.

11. WHAT DO YOU WANT THE IG TO DO?

12. ADDITIONAL INFORMATION YOU WISH TO PROVIDE. (INCLUDE ANY ADDITIONAL SUBJECT(S), AND / OR WITNESSES NAMES, RANKS / GRADES, DUTY STATION.)

☐ 13. BY SUBMITTING THIS FORM, YOU CERTIFY THAT ALL OF THE STATEMENTS MADE IN THIS COMPLAINT ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF YOUR KNOWLEDGE AND / OR BELIEF. YOU UNDERSTAND THAT A FALSE STATEMENT OR CONCEALMENT OF A MATERIAL FACT IS A CRIMINAL OFFENSE (18 U.S.C. SECTION 1001; INSPECTOR GENERAL ACT OF 1978, AS AMENDED, SECTION 7; AND / OR THE UNIFORM CODE OF MILITARY JUSTICE, ARTICLE 107). THIS INFORMATION IS SUBMITTED FOR THE BASIC PURPOSE OF REQUESTING ASSITANCE, CORRECTING INJUSTICES AFFECTING THE INDIVIDUAL, OR ELIMINATING CONDITIONS CONSIDERED DETRIMENTAL TO THE EFFICIENCY OR REPUTATION OF THE NAVY.

☐ I DO	14. CONSENT TO RELEASE MY PERSONAL INFORMATION INSIDE OFFICIAL CHANNELS IN ORDER TO RESOLVE THE MATTER(S) LISTED ABOVE. I UNDERSTAND THAT IF I DO NOT AGREE TO RELEASE MY PERSONAL INFORMATION, MY REQUEST FOR ASSISTANCE MAY GO UNRESOLVED.
☐ I DO NOT	

NOTE: YOUR LOCAL IG SHOULD BE YOUR FIRST POINT OF CONTACT. HOTLINE COMPLAINTS SHOULD BE SENT DIRECTLY TO THE IG'S COMMAND WHERE THE ALLEGED ALLEGATION(S) OF WRONGDOING OCCURRED. PLEASE USE THE DROP-DOWN MENU TO SELECT THE IG OFFICE TO WHICH YOU WISH TO SUBMIT THIS FORM. IF YOU HAVE REVIEWED THE SELECTIONS AND ARE STILL NOT SURE WHERE TO FILE YOUR COMPLAINT, SELECT "I DON'T KNOW" AND YOUR COMPLAINT WILL BE FORWARDED TO CNIC HQ TO DETERMINE WHERE YOUR COMPLAINT WILL BE FILED. YOU WILL RECEIVE AN EMAIL NOTIFICATION UPON RECEIPT OF YOUR COMPLAINT.

RESET FORM	15. SELECT IG:	SUBMIT COMPLAINT VIA EMAIL

TO BE COMPLETED BY THE INSPECTOR GENERAL OFFICE

DATE OF COMPLAINT:	RECEIPT METHOD:	NIGHTS CASE #: