

JOINT INSPECTOR GENERAL ACTION REQUEST
Personal and Fraud, Waste and Abuse Complaint Registration

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 141; DoDD 5106.04; DoDI 5106.05.

PRINCIPAL PURPOSE(S): 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 USE(S): Information is used for official purposes within the Department of Defense; to answer complainants 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 Department of Defense; and, in certain cases, in trial by courts-martial and other military matters as authorized by the Uniform Code of Military Justice. Department of Defense "Blanket Routine Uses" also apply.

DISCLOSURE: 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.

WARNING: Those who knowingly and intentionally provide false statements in this complaint are subject to potential punitive and administrative actions (UCMJ Art. 107; 18 U.S.C. 1001).

1. NAME (<i>Last, First, Middle Initial</i>)		2. GRADE/RANK	3. SSN (<i>Optional</i>)
4. STATUS (<i>X as applicable</i>) <div style="margin-top: 5px;"><input type="checkbox"/> MILITARY <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> Active</div><div><input type="checkbox"/> Army <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard</div><div><input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Other:</div></div><div style="margin-top: 5px;"><input type="checkbox"/> CIVILIAN <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div><input type="checkbox"/> Appropriated Fund <input type="checkbox"/> Contractor</div><div><input type="checkbox"/> Nonappropriated Fund <input type="checkbox"/> Foreign or Local National</div><div><input type="checkbox"/> Other:</div></div></div></div>		5. UNIT IDENTIFICATION CODE (UIC)/ORGANIZATION ADDRESS	
7. CONTACT TELEPHONE NUMBER(S) (<i>Include area code/DSN</i>) <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>a. DUTY</div><div>b. HOME</div><div>c. CELL</div></div>		6. PREFERRED MAILING ADDRESS (<i>If different from above</i>)	
8. E-MAIL ADDRESS(ES)			
9. SPECIFIC ACTION REQUESTED (<i>What do you want the IG to do for you?</i>)			
10. INFORMATION PERTAINING TO THIS REQUEST (<i>Background, list attached documents, who else (commander, agency) you have talked with about this matter, etc.</i>)			
11. STATEMENT OF UNDERSTANDING <div style="margin-top: 5px;"><input type="checkbox"/> I do <input type="checkbox"/> I do not 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.</div>			
a. DATE (YYYYMMDD)	b. SIGNATURE	12. IG/CASE NUMBER (<i>Assigned by Joint IG</i>)	