

INSPECTOR GENERAL ACTION REQUEST						Case #:
PRIVACY ACT STATEMENT						
<p>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.</p>						
Section I- TO BE COMPLETED BY COMPLAINANT:						
NAME (Last, First, Middle Initial) (optional):						
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	
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	
E-Mail:			NAMES AND/OR POSITIONS OF OFFICIALS YOU HAVE CONTACTED (or others having knowledge or your complaint)			
			1.			
Home Telephone Number:		Work Telephone Number:		2.		
				3.		
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.			4.			
			5.			
			6.			
			7.			
			8.			
			9.			
			10.			
			11.			
			What exactly do you want the Inspector General/Command Inspector to do for you to resolve this complaint?			
Section II- TO BE COMPLETED BY IG/INSPECTOR RECEIVING REQUEST:						
Official Receiving Request:		Telephone #:		Investigating Official/Agency:		Telephone #:
Date Opened:	Date Closed:	Office Symbol/Command	Are there other similar complaints regarding this issue?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
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):