

SRF-JRMC
INSPECTOR GENERAL
HOTLINE COMPLAINT FORM

COMMANDING OFFICER, SRF-JRMC
ATTN: COMMAND INSPECTOR GENERAL
PSC 473 BOX 8
FPO AP 96349-0008

IF YOU DO NOT WISH TO MAKE YOUR COMPLAINT VIA E-MAIL ADDRESS, YOU MAY PRINT THIS FORM, FILL IN ALL OF THE REQUESTED INFORMATION AND SEND IT VIA FAX TO 315-243-0974, SUBMIT TO SRF-JRMC IG HOTLINE COMPLAINT BOX OR BY MAIL TO ABOVE ADDRESS:

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 5014. Office of the Secretary of the Navy; 10 U.S.C. 5020, Naval Inspector General; SECNAVINST 5430.57G, Mission and Functions of the Naval Inspector General, 29 December 2005.

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 Operation, Commander of the Marine Corps, or other appropriate Commanders.

ROUTINE USES: In addition to those disclosure generally permitted under 5 U.S.C 552a (b) of the Privacy Act, these records or information contained therein may be specifically disclosed outside the DoD as a routine use pursuant to 5 U.S.C 552a (b)(3) Per the DoD Blanket Routine Uses that appear at the beginning of the Navy's compilation of Privacy Act System of Records Notices.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in a lack of enough information for the Inspector General to investigate or substantiate a complaint.

1. Do you wish to remain anonymous? (**"Anonymous" means that your name and other identifying information will be unknown to us. If you enter your name and contact information below you will not be anonymous even if you answer this question as "yes"**).

☐ Yes

☐ No

2. If no, do you want confidentiality?

☐ Yes

☐ No

3. Are you willing to be interviewed?

☐ Yes

☐ No

Provide the following information if answer to number 1 above is 'No'

NAME (First and Last, no nicknames please):

RANK / GRADE:

DATE OF COMPLAINT:

STREET MAILING ADDRESS:

APARTMENT NUMBER:

CITY:

STATE:

ZIP CODE:

COUNTRY:

HOME TELEPHONE NUMBER (Area Code & Number)
(Include DSN and/or country code, if applicable):

WORK TELEPHONE NUMBER (Area Code & Number)
(Include DSN and/or country code, if applicable):

E-MAIL ADDRESS:

DUTY STATION/PLACE OF EMPLOYMENT:

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Please answer all questions below, use Block 9 for additional information or additional sheets if the blocks are not large enough or if you need to provide additional information.

1. ‡ @

2. Who witnessed the wrongdoing? (Include everyone's first and last names, rank/pay grade, duty of employment)

3. What was done(or not done) that was wrong? Briefly describe the alleged wrongdoing. Please attach copied documents that support your allegation (If available)

4. What rule, regulation or law do you think was violated?

5. When did the incident occur? Provide dates and times or approximate time frame.

6. Where did the incident occur? Provide the name of the command and/or specific location(s):

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7. How have you tried to resolve the problem? Have you tried to resolve your complaint using an established process such as the informal Resolution System, EO/EEO, or legal system?

8. What do you want the IG to do?

9. Additional information you wish to provide. (Please attach additional sheets if necessary)

I certify that the information I have provided in this form and attachments are true and correct to the best of my knowledge.

SIGNATURE _____ DATE _____