

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 (Last, First, Middle Initial)	2. GRADE/RANK	3. SSN (Optional)
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4. STATUS (X as applicable) <input type="checkbox"/> MILITARY <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Other: _____ <input type="checkbox"/> CIVILIAN <input type="checkbox"/> Appropriated Fund <input type="checkbox"/> Nonappropriated Fund <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign or Local National <input type="checkbox"/> Other: _____	5. UNIT IDENTIFICATION CODE (UIC)/ORGANIZATION ADDRESS
	6. PREFERRED MAILING ADDRESS (If different from above)

7. CONTACT TELEPHONE NUMBER(S) (Include area code/DSN)	8. E-MAIL ADDRESS(ES)
a. DUTY b. HOME c. CELL	

9. SPECIFIC ACTION REQUESTED (What do you want the IG to do for you?)

10. INFORMATION PERTAINING TO THIS REQUEST (Background, list attached documents, who else (commander, agency) you have talked with about this matter, etc.)

11. STATEMENT OF UNDERSTANDING
 I do 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.

a. DATE (YYYYMMDD)	b. SIGNATURE	12. IG/CASE NUMBER (Assigned by Joint IG)
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