

<b>INSPECTOR GENERAL PERSONAL AND FRAUD, WASTE &amp; ABUSE COMPLAINT REGISTRATION</b>	REPORT CONTROL SYMBOL
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**AUTHORITY:** 10 U.S.C. 8013, 44 U.S.C. 3101 and EO 9397  
**PRINCIPAL PURPOSE(S):** To register a personal complaint relating to individual injustices or suspected Fraud, Waste and Abuse.  
**ROUTINE USE(S):** Data provided are furnished to supervisors, commanders or inspectors in response to queries for resolution of complaints and to eliminate conditions considered detrimental to the efficiency or reputation of the Air Force .  
**DISCLOSURE:** Disclosure of your SSN is voluntary. Failure to provide the information will not adversely affect the resolution of your complaint but may delay the investigating officer in resolving the issue.

**SECTION I - TO BE COMPLETED BY COMPLAINANT**

NAME (Last, First, Middle initial)			YES	NO	HAVE YOU ASKED YOUR IMMEDIATE COMMANDER FOR ASSISTANCE WITH THIS PROBLEM?
GRADE	RACE	SEX	<input type="checkbox"/>	<input type="checkbox"/>	
SOCIAL SECURITY NO. ADDRESS (Where response to this complaint will be sent.)			NAMES AND/OR POSITIONS OF WITNESSES (Or others having knowledge of your allegations.)		
HOME TELEPHONE NO.	WORK TELEPHONE NO. (DSN)				
DESCRIPTION OF ALLEGATIONS (Please number each allegation and include who, what, where, when, and how. Continue on reverse.)					

**I fully understand that I am accountable for knowingly making untruthful, malicious, libelous or slanderous statements.**

SIGNATURE OF COMPLAINANT	DATE
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**SECTION II - TO BE COMPLETED BY INSPECTOR GENERAL STAFF**

FILE REFERENCE NUMBER	INITIALS	OFFICE SYMBOL	TELEPHONE NO. (DSN)
DATE OPENED	DATE FINALIZED	TOTAL PROCESSING DAYS	NUMBER OF TIMES THIS INDIVIDUAL'S COMPLAINT HAS BEEN ADDRESSED?
<b>COMPLAINANT STATUS</b>		<b>SPECIAL INTEREST COMPLAINTS</b>	
<input type="checkbox"/> A. ACTIVE DUTY	<input type="checkbox"/> F. AIR FORCE CIVILIAN	<input type="checkbox"/> REPRISAL <input type="checkbox"/> SENIOR OFFICIAL <input type="checkbox"/> EOT <input type="checkbox"/> COLONEL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> FWA	
<input type="checkbox"/> B. AIR FORCE RESERVE	<input type="checkbox"/> G. DEPENDENT/RELATIVE	<b>GRIEVANCE CHANNEL</b>	
<input type="checkbox"/> C. AIR NATIONAL GUARD	<input type="checkbox"/> H. CIVILIAN	<input type="checkbox"/> IG <input type="checkbox"/> CONGRESSIONAL <input type="checkbox"/> HIGH LEVEL <input type="checkbox"/> DOD HOTLINE <input type="checkbox"/> AF HOTLINE	
<input type="checkbox"/> D. CADET	<input type="checkbox"/> I. OTHER SERVICE	<b>FIVE MOST SIGNIFICANT ALLEGATIONS</b>	
<input type="checkbox"/> E. RETIRED MILITARY	<input type="checkbox"/> J. ANONYMOUS	COMPLAINT CATEGORY	FINDING CODES
PASCODE OF COMPLAINANT		PASCODE OF SUBJECT	
		S = SUBSTANTIATED U = UNSUBSTANTIATED I = INCONCLUSIVE	
<b>WORK DONE</b>			
AF LEVEL COMPLAINT RECEIVED	LOCAL IG	INTR HQ/IG	MAJCOM/IG
AF LEVEL COMPLAINT ANSWERED	SAF/IG	CAT1 INVEST	ASSIST
CORRECTIVE ACTION TAKEN		CAT2 INVEST	DIR RESP.
			REF OUT
			OTHER

