

**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).

<b>1. NAME</b> (Last, First, Middle Initial)	<b>2. GRADE/RANK</b>	<b>3. SSN</b> (Optional)
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<b>4. STATUS</b> (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: _____	<b>5. UNIT IDENTIFICATION CODE (UIC)/ORGANIZATION ADDRESS</b>
	<b>6. PREFERRED MAILING ADDRESS</b> (If different from above)

<b>7. CONTACT TELEPHONE NUMBER(S)</b> (Include area code/DSN)	<b>8. E-MAIL ADDRESS(ES)</b>
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	<b>12. IG/CASE NUMBER</b> (Assigned by Joint IG)
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