



MARINE CORPS LOGISTICS BASE BARSTOW

COMMAND INSPECTOR GENERAL

HOTLINE COMPLAINT FORM

HOTLINE: (760) 577-6222

E-mail: BSTW_FWAHOTLINE@USMC.MIL

FAX: (760) 577-6274

MAIL: COMMANDING OFFICER

ATTN: COMMAND INSPECTOR GENERAL

P.O. BOX 110100

MCLBB

BARSTOW, CA 92311

THIS FORM IS PROVIDED FOR INDIVIDUALS TO PROVIDE AN OUTLINE OF INFORMATION THE COMMAND INSPECTOR GENERAL REQUIRES TO CONDUCT AN ANALYSIS OF THE COMPLAINT. THE COMPLAINT CAN BE SENT VIA E-MAIL, FAX, POSTAL MAIL OR HAND-DELIVERED TO OUR OFFICE AT MCLB BARSTOW, BUILDING #17.

IF YOU HAVE NOT ALREADY DONE SO, PLEASE REVIEW THE 4-STEP HOTLINE PROCESS ADDRESSED BELOW:

- STEP 1** DETERMINE THE BEST METHOD TO ADDRESS YOUR ISSUE OR COMPLAINT
- STEP 2** REVIEW THIS FORM TO BETTER UNDERSTAND THE COMPLAINT PROCESS
- STEP 3** PREPARE YOUR COMPLAINT FOR SUBMISSION TO THE COMMAND INSPECTOR GENERAL
- STEP 4** FILE A COMPLAINT WITH THE COMMAND INSPECTOR GENERAL

1. DO YOU WISH TO REMAIN ANONYMOUS?

*(IF YES, **DO NOT** IDENTIFY YOURSELF BELOW) Anonymous complaints lacking sufficient information may go unresolved. Additionally, an anonymous complainant will not receive a final response.

2. IF NO, DO YOU WANT CONFIDENTIALITY?

*(IF YES, IDENTIFY YOURSELF BELOW) We will make every effort to protect your identity from disclosure: however, we cannot guarantee confidentiality since disclosure may be required during an investigation or in the course of corrective action.

3. ARE YOU WILLING TO BE INTERVIEWED?

4. Have you previously or do you intend to contact the Chain of Command, Inspector General of the Marine Corps, Department of Defense Inspector General, or any US Congressmen’s Office concerning this complaint?

Chain of Command contacted: _____ Date: _____

Inspector General of the Marine Corps contacted: _____ Date: _____

DoD Inspector General contacted: _____ Date: _____

Congressional Office contacted: _____ Date: _____

5. YOUR CONTACT INFORMATION:

FIRST NAME: _____ MI: _____ LAST: _____

MAILING ADDRESS:

Address: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE(S):

HOME: (____) _____ WORK: (____) _____

CELL: (____) _____

E-MAIL ADDRESS: _____

6. WHO IS INVOLVED? Include first and last names, rank / pay grade, and duty station / place of employment. (Attach additional sheets if necessary)

SUBJECT(S): Who performed the wrongdoing?

WITNESS(ES): Who are the witnesses?

7. WHAT DID THE SUBJECT(S) DO, OR FAIL TO DO THAT WAS WRONG? (Attach additional supporting documents if applicable)

8. WHAT RULE, REGULATION, OR LAW DO YOU THINK THE SUBJECT(S) VIOLATED?

9. WHEN DID THE INCIDENT/VIOLATION OCCUR? (Provide dates & times)

10. WHERE DID THE INCIDENT/VIOLATION TAKE PLACE? (Location, section, building number, etc.)

11. WHY DO YOU THINK THE INCIDENT/VIOLATION TOOK PLACE?

12. HOW HAVE YOU TRIED TO RESOLVE THE PROBLEM?

13. HAVE YOU CONTACTED THE CHAIN-OF-COMMAND?

14. HAVE YOU TRIED TO RESOLVE YOUR COMPLAINT USING ESTABLISHED PROCESSES SUCH AS; (1) BOARD OF CORRECTIONS FOR NAVAL RECORDS; (2) EQUAL EMPLOYMENT OPPORTUNITY COMMISSION; (3) MERIT SYSTEMS PROTECTION BOARD; (4) UNION GRIEVANCE SYSTEM; (5) COMMAND ADMINISTRATIVE GRIEVANCE SYSTEM; (6) OFFICE OF SPECIAL COUNSEL; (7) OTHER LEGAL SYSTEM? (IF ANY OF THE ABOVE APPLY... PLEASE EXPLAIN WHICH AND WHAT WAS THE RESULT)?

15. WHAT DO YOU WANT THE COMMAND INSPECTOR GENERAL TO DO?

16. Signature/Acknowledgement.

I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge. I understand that a false statement or concealment of a material fact is a criminal offense (18 U.S.C. Section 1001: Inspector General Act of 1978, as amended). Members of the Armed Forces knowingly and intentionally making false statements on this form are subject to potential punitive and administrative action (UCMJ, Art 107).

Signature of Acknowledgement:

Date: _____