

**MARINE CORPS BASE HAWAII
COMPLAINT FORM
COMMERCIAL # (808) 257-7717 / 7716
FAX # (808) 257-8449**

This form is provided for individuals who do not wish to send their complaint via the internet from an e-mail address.

1. Do you wish to remain anonymous?

Yes (If yes, do not identify yourself below)

No

2. If no, do you want confidentiality?

Yes (If yes, identify yourself below. We will not release your name without your consent.)

No

3. Are you willing to be interviewed?

Yes

No

4. Your Name: (no nicknames please)

First - _____

Last - _____

Mailing Address:

Address Line 1 – _____

Address Line 2 – _____

City – _____

State – _____

Zip code – _____

Country – _____

Home Telephone: (Area Code & number) (Include country code, if applicable)

Work Telephone: (Area Code & number) (Include DSN and/or country code, if applicable)

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E-Mail

Address: _____

5. Who is involved? Include everyone's 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?

6. What did the subject do or fail to do that was wrong?

7. What rule, regulation or law do you think the subject(s) violated?

8. When did the incident occur? Provide dates and times or "On or about 1330 28 Jul 08," etc

9. Where did the incident take place? What location, command etc.?

10. Why do you think the incident took place?

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11. How have you tried to resolve the problem? Have you contacted your chain of command? Have you contacted your local Command Inspector General? Have you tried to resolve your complaint using an established process such as Bureau of Corrections of Naval Records, Informal Resolution System, EO/EEO or legal system?

12. What do you want the IG to do?

13. Additional information you wish to provide.
