



**MCAS CHERRY POINT  
COMMAND INSPECTOR  
HOTLINE COMPLAINT FORM**

PHONE # (252) 466-3449

FAX # (252) 466-3055

E-MAIL: [CHPTSTATINSPECTOR@NMCI.USMC.MIL](mailto:CHPTSTATINSPECTOR@NMCI.USMC.MIL)



**AUTHORITY:** Pub. L. 95-452 as amended, Inspector General Act of 1978; 32 CFR Part 98, Defense Hotline Program; and DoD Directive 5106.1, Inspector General of the Department of Defense. **PURPOSE:** To record information related to official hotline investigations. To compile statistical information to disseminate to other components within the Department of Defense engaged in the Hotline Program. To provide prompt, responsive, and accurate information regarding the status of ongoing cases. To provide a record of complaint disposition. Hotline complaints appearing to involve criminal wrongdoing will be referred to the Defense Criminal Investigative Service or other criminal investigative units of DoD components. **ROUTINE USE:** In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3). **DISCLOSURE:** Mandatory for computer matching.

Please fill in all of the requested information, and send it to the MCAS Cherry Point Command Inspector. The E-mail button at the end of the form will send it to the E-mail address above.

**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 Information (no nicknames please)**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

**Address**

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Country \_\_\_\_\_



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**Phone Numbers**

Home \_\_\_\_\_

Work \_\_\_\_\_

Email \_\_\_\_\_

**5. Who is involved?** Include everyone's first and last name, 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(s) do or fail to do that was wrong?**



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

**8. When did the incident occur?** Provide dates and times or "Early 2008," 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 tried to resolve your complaint using an established process such as the Bureau of Corrections of Naval Records, Informal Resolution System, EO/EEO or legal system? (if yes; what was the outcome?)

**12. What other agencies have you contacted concerning this issue?** (IGMC, Congressman, other Command IG office, etc.) If yes; who have you contacted, when, and what was the outcome?

**13. What would you like the MCAS CP Command Inspector General to do?**



**14. Is there any additional information you would like to provide?**

A large, empty rectangular box with a black border, intended for providing additional information.



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**15. Notes. (For Command Inspector use. Please leave blank.)**