

1ST MARINE LOGISTICS GROUP INSPECTOR GENERAL COMPLAINT FORM

Mail: Commanding General (Attn: CIG)

Complaints may be submitted to any of the following addresses:

Email: 1mlg_group_inspector@usmc.mil

Fax: 760-725-9087		1st Marine Logistic Box 555607 Camp Pendleton, C	-	
Today's Date:				
1. Do you wish to be anonymous? (If yes, do not identify yourself below.)	YES	NO		
2. Do you wish to remain confidential? (If yes, identify yourself below. We will make every eff guarantee confidentiality since disclosure may be requ				
3. Are you willing to be interviewed?	YES	NO		
4. Have you previously or do you intend to (i.e. Department of Defense Inspector Gener Marine Corps) or any US Congressman's Offi	ral or Inspe ice concern	ctor General of the ing this complaint?	YES	NO on taken
that office thus far:	cteu, when	i you contacted that office, a	nu any acti	on taken
5. Your Name:	Rank/Grad	Rank/Grade:		
6. Mailing Address:(Optional.)				
7. Cell Phone Number:		Home Phone Number:(Area code and number.)		
8. E-Mail Address:				
 Who is involved? (Provide first and last name, rank/pay grade, and duty Subject(s): (Who performed the wrong 		e of employment.)		
Witness(s): (Who are the witnesses?)				



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

11.	What rule, regulation or law do you think the subject(s) violated?					
12. When did the incident occur? (Provide dates and times or "Early 2011", etc.)						
13.	Where did the incident take place?					
14.	Why do you think the incident took place?					
15.	How have you tried to resolve the problem?					
	Have you contacted the chain of command?	YES	NO			
	Have you contacted your local Command Inspector General?	YES	NO			
	Have you tried to resolve your complaint using an established proces (Such as the Bureau of Corrections of Naval Records?)	s? YES	NO			
	Informal Resolution System, EO/EEO or legal system?	YES	NO			
What do you want the 1st MLG Inspector General to do?						
Please provide any further information on additional pages.						
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.						
Sigi	nature:	Date:				