



HOTLINE COMPLAINT FORM

Date: _____

1. Do you wish to remain anonymous? Yes ____ No ____

(If yes, do not identify yourself below)

2. If no, do you want confidentiality? Yes ____ No ____

(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? Yes ____ No ____

4. Your Name: First and Last (No nicknames please)

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

E-Mail Address: _____

5. Who is involved? Include everyone's first and last names, rank/pay grade, and duty station/place of employment.

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.

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

10. Why do you think the incident took place?

11. How have you tried to resolve the problem? Have you tried to resolve your complaint by using your Chain-of-Command using established procedures 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.