

MARINE FORCES RESERVE HOTLINE COMPLAINT FORM

This form is provided for individuals who desires to submit a complaint to the Office of the Command Inspector General (CIG), Marine Forces Reserve (MARFORRES). You may print this form, fill in all of the requested information, and send it by mail to: Marine Forces Reserve (Attn: Command Inspector General/G-7), 2000 Opelousas Ave, New Orleans, LA, 70114-1500, by email (most preferred method) at mfr\_hotlines@usmc.mil, or by FAX at (504) 697-9775.

**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. Have you previously or do you intend to contact the Inspector General of the Marine Corps, Department of Defense Inspector General, or any US Congressmen’s Office concerning this complaint? Yes \_\_\_\_ No \_\_\_\_**

**5.  Your Name:** (No nicknames, include maiden name if applicable)

**First**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MI:** \_\_\_\_ **Last:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Rank/Grade**: \_\_\_\_\_\_\_

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Telephone:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6.  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?

1.

2.

3.

4.

**Witness(es):** Who are the witnesses?

1.

2.

3.

4.

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

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

**9.  When did the incident occur?**  Provide dates and times.

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

**11. Why do you think the incident took place?**

**12. 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 Request Mast, Bureau of Corrections of Naval Records, Informal Resolution System, EO/EEO or legal system?

**13. What do you want the IG to do?**

**14. 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. Code § 1001; Inspector General Act of 1978, As Amended, § 7).

**Signature or Acknowledgment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**