

NAVAL POSTGRADUATE SCHOOL INSPECTOR GENERAL HOTLINE COMPLAINT FORM

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S. Code 5014, Office of the Secretary of the Navy; 10 U.S. Code 5020, Naval Inspector General; SECNAVINST 5430.57 series, Mission and Functions of the Naval Inspector General; SECNAVINST 5370.5 series, DON Hotline Program.

PURPOSES: To determine the facts and circumstances surrounding allegations or complaints against Department of the Navy personnel and/or Navy/Marine Corps activities. To present findings, conclusions and recommendations developed from investigations and other inquiries to the Secretary of the Navy, CNO, CMC, or other appropriate Commanders.

ROUTINE USES: In addition to the disclosures generally permitted under 5 U.S. Code 552a(b) of the Privacy Act, the records contained within may be specifically disclosed outside the DoD as a routine use pursuant to 5 U.S. Code 552a(b)(3) following the 'DoD Blanket Routine Uses' that appear at the beginning of the Navy's Privacy Act System of Records notices.

DISCLOSURE: Voluntary. However, failure to provide the requested information may result in a lack of enough information for the Inspector General to investigate or provide assistance.

CONTACT INFORMATION

1. May we contact you?

- Yes, contact me for more information. *(Please provide your contact information)*
- Yes, but I want my identity to remain confidential. *(Please provide your contact information)*
- No, I wish to remain anonymous. *(Do not provide your contact information)*

2. Contact Information: *(All boxes in this form have been restricted to visible area only for information input)*

Last Name First Name MI Rank/Grade

Your home or work address: Home address Work address

Street 1: Home Telephone Number *(incl area code)*

Street 2: Office Telephone Number *(incl area code)*

City: Mobile Telephone Number *(incl area code)*

State: Zip Code: E-Mail Address:

Duty Station/Place of Employment/Business

3. Are you willing to be interviewed? Yes No

DETAILS OF YOUR ALLEGATION OR COMPLAINT

Who do you believe is responsible or performed the wrongdoing or inappropriate conduct?

4. Subject's Name Subject's Rank/Grade

Duty Station/Place of Employment/Business

5. **What** did the person do or fail to do that was wrong or inappropriate? *(Be specific)*
(more space provided in block 13)

6. What rule, regulation or law do you think was violated?	
7. When did the incident occur? Be as specific as possible about the dates.	
8. Where did the incident occur? What location or command, etc.?	
9. Why do you think the incident took place?	
10. List any witnesses	
11. What do you want the IG to do?	
12. How have you tried to resolve the problem?	
a. Have you contacted your chain of command? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please identify the command and the current status.
b. Have you contacted another Inspector General? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please identify the IG office and the current status.
c. Have you tried to resolve your complaint using an established process such as the grievance process, EO/EEO or legal system? <input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, please identify the agency or office and the current status.
13. Additional Information you wish to provide.	

By submitting this form you certify that all of the statements made in this complaint (including any attachments) are true, complete, and correct, to the best of your knowledge. You understand that a false statement of a material fact is a criminal offense (18 U.S.C. Section 1001).