

(*) Required information

PART I - Your Information

Use this form only to file complaints of whistleblower reprisal. If you are unsure as to whether your complaint meets the criteria for a whistleblower reprisal complaint, please review the background information provided on the DoD IG reprisal webpage at <http://www.dodig.mil/hotline/reprisalcomplaint.html>. Only the individual reprised against can file whistleblower reprisal complaints. If your complaint does not meet the requirements for whistleblower reprisal, please file your complaint as a Fraud, Waste, or Abuse complaint with the DoD Hotline at <http://www.dodig.mil/hotline/>. If you are an appropriated fund civilian employee and your complaint alleges reprisal due to race, color, sex, national origin, religion, disability, or genetic information, or you feel you have been retaliated against for filing an earlier complaint with EEO, then please file your complaint with your EEO office or the Equal Employment Opportunity Commission, not the DoD Inspector General.

I have reviewed the criteria for a whistleblower reprisal complaint and this complaint meets the criteria:*

Yes No (If no, do not continue with this form)

I am the person who was reprised against:*

Yes No (If no, do not continue with this form)

Due to the unique and personal nature of whistleblower reprisal cases, your name and contact information (identity) has to be made available to the appropriate investigating agency, which may be an IG office outside of DoD IG. If you do not elect to release your identity, processing of your complaint will not continue beyond that point. If at a later date you do decide to release your identity, a new complaint can be filed at that time.

Please Select One*

RELEASE OF IDENTITY (I give permission for DoD Hotline to release my name and contact information outside the DoD Hotline on a need-to-know basis.)

NON-RELEASE OF IDENTITY (I do NOT give permission to DoD Hotline to provide my name and contact information outside the DoD Hotline. I understand that processing of my complaint will not continue beyond this point.)

(*) Required information

Prefix (Mr., Mrs., Ms., etc..) _____

Suffix (Jr., Sr., II, etc..) _____

First Name* _____ Middle Name* _____ Last Name* _____

Employee Status* Check one of the following options or list your status if not listed.

- | | | |
|--|---|---|
| <input type="checkbox"/> Military Active Duty | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military - Reserves | <input type="checkbox"/> Civilian Employee |
| <input type="checkbox"/> Contractor Employee - Prime | <input type="checkbox"/> Contractor Employee - Sub | <input type="checkbox"/> Non-Appropriated Fund Employee |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> Other _____ | |

Assigned DoD Branch* Check one of the following listed options.

- | | | |
|--|------------------------------------|--|
| <input type="checkbox"/> Department of Defense | <input type="checkbox"/> Army | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Marine Corps | <input type="checkbox"/> Air Force | <input type="checkbox"/> I am not a DoD Employee |

Other Agency or Office _____ Job Title / Series _____

Organization/Location _____

E-mail Address* _____ Mailing Address* _____

City* _____ State or APO* _____ Zip/Postal Code* _____

Country _____ Home Telephone _____ Mobile Telephone _____

Work Telephone (Commercial) _____ Work Telephone (DSN) _____

Best Contact Time Morning Afternoon

PART II – Reprisal Complaint Details

Use this section to provide details of your reprisal allegation(s). If you are unsure whether or not your complaint meets the criteria to be a reprisal complaint, please visit the DoD Hotline reprisal website at <http://www.dodig.mil/hotline/reprisalcomplaint.html>. If you did not intend to file a reprisal complaint, do not use this form.

YOUR PROTECTED COMMUNICATION OR DISCLOSURE

To whom was the protected communication / disclosure made?

- Members of Congress Inspector General EO or EEO Official
 Government Official Other _____

First Name _____ Last Name _____

Rank / Title / Grade _____ Organization / Location _____

Telephone Number _____ Date of the protected communication / disclosure _____

What was the content of your protected communication / disclosure?

- Violation of Law, Rule, or Regulation Gross Mismanagement Gross Waste of Funds
 Abuse of Authority Substantial and Specific Danger Other

If you selected Other for content, specify what the content was here _____

Additional Protected Communications: YOUR PROTECTED COMMUNICATION OR DISCLOSURE

To whom was the protected communication / disclosure made?

- Members of Congress Inspector General EO or EEO Official
 Government Official Other _____

First Name _____ Last Name _____

Rank / Title / Grade _____ Organization / Location _____

Telephone Number _____ Date of the protected communication / disclosure _____

What was the content of your protected communication / disclosure?

- Violation of Law, Rule, or Regulation Gross Mismanagement Gross Waste of Funds
 Abuse of Authority Substantial and Specific Danger Other

If you selected Other for content, specify what the content was here _____

Additional Protected Communications: YOUR PROTECTED COMMUNICATION OR DISCLOSURE

To whom was the protected communication / disclosure made?

- Members of Congress Inspector General EO or EEO Official
 Government Official Other _____

First Name _____ Last Name _____

Rank / Title / Grade _____ Organization / Location _____

Telephone Number _____ Date of the protected communication / disclosure _____

What was the content of your protected communication / disclosure?

- Violation of Law, Rule, or Regulation Gross Mismanagement Gross Waste of Funds
 Abuse of Authority Substantial and Specific Danger Other

If you selected Other for content, specify what the content was here _____

Additional Protected Communications: YOUR PROTECTED COMMUNICATION OR DISCLOSURE

To whom was the protected communication / disclosure made?

- Members of Congress Inspector General EO or EEO Official
 Government Official Other _____

First Name _____ Last Name _____

Rank / Title / Grade _____ Organization / Location _____

Telephone Number _____ Date of the protected communication / disclosure _____

What was the content of your protected communication / disclosure?

- Violation of Law, Rule, or Regulation Gross Mismanagement Gross Waste of Funds
 Abuse of Authority Substantial and Specific Danger Other

If you selected Other for content, specify what the content was here _____

(*) Required information

Who was responsible for taking the unfavorable action (or not taking the favorable action) against you and what did they do to you?

First Name* _____ Last Name* _____
 Rank / Title / Grade* _____ Organization / Location* _____

Subject's Status

- | | | |
|--|---|---|
| <input type="checkbox"/> Military Active Duty | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military - Reserves | <input type="checkbox"/> Civilian Employee |
| <input type="checkbox"/> Contractor Employee - Prime | <input type="checkbox"/> Contractor Employee - Sub | <input type="checkbox"/> Non-Appropriated Fund Employee |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> Other _____ | |

What action was taken against you (or denied to you)? _____

Additional Individual: Who was responsible for taking the unfavorable action (or not taking the favorable action) against you and what did they do to you?

First Name* _____ Last Name* _____
 Rank / Title / Grade* _____ Organization / Location* _____

Subject's Status

- | | | |
|--|---|---|
| <input type="checkbox"/> Military Active Duty | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military - Reserves | <input type="checkbox"/> Civilian Employee |
| <input type="checkbox"/> Contractor Employee - Prime | <input type="checkbox"/> Contractor Employee - Sub | <input type="checkbox"/> Non-Appropriated Fund Employee |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> Other _____ | |

What action was taken against you (or denied to you)? _____

(*) Required information

Who was responsible for taking the unfavorable action (or not taking the favorable action) against you and what did they do to you?

First Name* _____ Last Name* _____
 Rank / Title / Grade* _____ Organization / Location* _____

Subject's Status

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|--|---|---|
| <input type="checkbox"/> Military Active Duty | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military - Reserves | <input type="checkbox"/> Civilian Employee |
| <input type="checkbox"/> Contractor Employee - Prime | <input type="checkbox"/> Contractor Employee - Sub | <input type="checkbox"/> Non-Appropriated Fund Employee |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> Other _____ | |

What action was taken against you (or denied to you)? _____

Additional Individual: Who was responsible for taking the unfavorable action (or not taking the favorable action) against you and what did they do to you?

First Name* _____ Last Name* _____
 Rank / Title / Grade* _____ Organization / Location* _____

Subject's Status

- | | | |
|--|---|---|
| <input type="checkbox"/> Military Active Duty | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
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| <input type="checkbox"/> Contractor Employee - Prime | <input type="checkbox"/> Contractor Employee - Sub | <input type="checkbox"/> Non-Appropriated Fund Employee |
| <input type="checkbox"/> Retiree | <input type="checkbox"/> Other _____ | |

What action was taken against you (or denied to you)? _____

PART III - Other Actions You Are Taking

Please indicate in this section if you have filed your complaint with any other office, to include other Inspector General offices your Member of Congress, or the Office of Special Counsel. If you have contacted other entities, clearly identify the agency, office, or command, and provide your understanding of the current status of your matter. If you have received any responses from those office(s), provide our office with a copy.

Have you filed a whistleblower reprisal complaint in this instance with any other organizations/agencies?

Yes No

If yes, which Organization / Agency? *

When*

What is the status of that complaint? *

Open Under Investigation Closed Unknown

Part IV – Additional Document Submission

Mail this form along with supporting documentation to:

ATTN: DoD Hotline
The Pentagon
Washington, D.C. 20301-1900

Make sure to print copies of the forms you submitted and keep for your records.

PART V – Certifications

If you have any questions about the certification and what it means, do not hesitate to contact the DoD Hotline at 1-800-424-9098.

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