Fraud, Waste and Abuse
DoD HOTLINE
1.800.424.9098 • www.dodig.mil/hotline

Fraud, Waste and Abuse
Complaint Form

Self-Identifying Form

(*) Required information

PART I - Your Information*

Your selection of the filing option below implies you have reviewed the information and understand the choice you are making.

- ☐ I choose to identify myself for the complaint and:
- ☐ I give permission for DoD Hotline to release my identity outside the DoD Hotline on a need-to-know basis.
- ☐ I do NOT give permission to DoD Hotline to provide my name and contact information outside the DoD Hotline. I understand that in doing so the DoD Hotline may be unable to address my concerns.

I understand that if the Director, DoD Hotline determines the allegation(s) in my complaint cannot be investigated without disclosing my identity on a need-to-know-basis to organizations outside the DoD Hotline, my lack of consent may prevent further action from being taken on my complaint. I further understand that even if I elect confidential status, my identity may be disclosed, if required by applicable legal authority, or the Director, DoD Hotline, determines that such disclosure is otherwise unavoidable.

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

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

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

- ☐ Military Active Duty
- ☐ Military National Guard (Title 10)
- ☐ Military National Guard (Title 32)
- ☐ Military National Guard (Dual Status)
- ☐ Military – Reserves
- ☐ Civilian Employee
- ☐ Contractor Employee – Prime
- ☐ Contractor Employee – Sub
- ☐ Non-Appropriated Fund Employee
- ☐ Retiree
- ☐ Other_____

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

- ☐ Department of Defense
- ☐ Army
- ☐ Navy
- ☐ Marine Corps
- ☐ Air Force
- ☐ I am not a DoD Employee

(*) Required information

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) _____

Interview* ☐ Yes, I am willing to be interviewed. ☐ No, I do not want to be contacted.

PART II – Allegation Details

Use this section to clearly describe your complaint. If you wish to file a reprisal complaint, do not use this form.

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name _____ Person's Middle Name _____
Person's Last Name _____ Where does this individual work?_____
_____

Person's Status

☐ Military Active Duty
☐ Military National Guard (Title 10)
☐ Military National Guard (Title 32)
☐ Military National Guard (Dual Status)
☐ Military – Reserves
☐ Civilian Employee
☐ Contractor Employee – Prime
☐ Contractor Employee – Sub
☐ Non-Appropriated Fund Employee
☐ Retiree
☐ Other_____

Fraud, Waste and Abuse
Complaint Form

Self-Identifying Form

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name _____ Person's Middle Name _____
Person's Last Name _____ Where does this individual work?_____

Person's Status

- ☐ Military Active Duty
- ☐ Military National Guard (Title 10)
- ☐ Military National Guard (Title 32)
- ☐ Military National Guard (Dual Status)
- ☐ Military – Reserves
- ☐ Civilian Employee
- ☐ Contractor Employee – Prime
- ☐ Contractor Employee – Sub
- ☐ Non-Appropriated Fund Employee
- ☐ Retiree
- ☐ Other_____

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name _____ Person's Middle Name _____
Person's Last Name _____ Where does this individual work?_____

Person's Status

- ☐ Military Active Duty
- ☐ Military National Guard (Title 10)
- ☐ Military National Guard (Title 32)
- ☐ Military National Guard (Dual Status)
- ☐ Military – Reserves
- ☐ Civilian Employee
- ☐ Contractor Employee – Prime
- ☐ Contractor Employee – Sub
- ☐ Non-Appropriated Fund Employee
- ☐ Retiree
- ☐ Other_____

Fraud, Waste and Abuse
DoD HOTLINE
1.800.424.9098 • www.dodig.mil/hotline

Fraud, Waste and Abuse
Complaint Form

Self-Identifying Form

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name _____ Person's Middle Name _____
Person's Last Name _____ Where does this individual work?_____
_____

Person's Status

- ☐ Military Active Duty
- ☐ Military National Guard (Title 10)
- ☐ Military National Guard (Title 32)
- ☐ Military National Guard (Dual Status)
- ☐ Military – Reserves
- ☐ Civilian Employee
- ☐ Contractor Employee – Prime
- ☐ Contractor Employee – Sub
- ☐ Non-Appropriated Fund Employee
- ☐ Retiree
- ☐ Other_____

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name _____ Person's Middle Name _____
Person's Last Name _____ Where does this individual work?_____
_____

Person's Status

- ☐ Military Active Duty
- ☐ Military National Guard (Title 10)
- ☐ Military National Guard (Title 32)
- ☐ Military National Guard (Dual Status)
- ☐ Military – Reserves
- ☐ Civilian Employee
- ☐ Contractor Employee – Prime
- ☐ Contractor Employee – Sub
- ☐ Non-Appropriated Fund Employee
- ☐ Retiree
- ☐ Other_____

Fraud, Waste and Abuse

DoD HOTLINE

1.800.424.9098 • www.dodig.mil/hotline

Fraud, Waste and Abuse
Complaint Form

Self-Identifying Form

(*) Required information

We can best process your complaint if we receive accurate and complete information. Provide a summary of your complaint, to include an event chronology, if appropriate.

If your complaint involves contractor fraud, provide the name of the primary contractor, subcontractor, type of contract, contract's, date of contract award, and name(s) of agency official(s) if known.

What did the person(s) do or fail to do that was wrong? *_____

When did the incident(s) occur? *_____

When were you made aware of the problem(s)? _____

Where did the incident(s) take place? _____

What rule, regulation, or law do you believe to have been violated? _____

Briefly summarize how you believe our office can assist you regarding your matter. _____

(*) Required information

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, and your Congressperson. 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 reported this matter to 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

☐ *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).

☐ *I have provided my election concerning my filing status in Part I of this form (Release of Identity, Non-Release of Identity, or Anonymous). If I did not provide my release election, I understand that this will cause a delay in the processing of my complaint. I further understand that if I have elected either confidential or anonymous status, it may impact the ability of the DoD Hotline to either conduct an inquiry, if warranted, and/or to appropriately address my issue(s). I also understand that if I elect anonymity, without providing any contact information, I will be unable to request confirmation of receipt of this complaint to the DoD Hotline, or to receive advisements as to open or closed status.

☐ *I understand that if the Director, DoD Hotline determines the allegation(s) in my complaint cannot be investigated without disclosing my identity on a need-to-know-basis to organizations outside the DoD Hotline, my lack of permission to release my identity may prevent further action from being taken on my complaint. I further understand that even if I elect confidential status, my identity may be disclosed, if required by applicable legal authority, or if the Director, DoD Hotline, determines that such disclosure is otherwise unavoidable.