

## Part 1. Your Current Information

### Receiving Organization

DoD OIG Hotline

Use this form only to file a complaint of whistleblower retaliation. If you're unsure about whether your complaint meets the criteria for retaliation, please review the Whistleblower Reprisal Complaints page for additional information.

Your selection of one of the filing options below implies you have reviewed the information and understand the choice you are making. Your complaint cannot be processed without your election below.

### Please Select One\*

I choose to identify myself

I give permission to release my identity

I do not give permission to release my identity

I acknowledge that if the Hotline determines my complaint cannot be referred without disclosing my identity on a need-to-know basis to organizations outside the 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 Hotline, determines that such disclosure is otherwise unavoidable.

### Prefix

Mr, Mrs, Ms, etc...

### Last Name\*

### First Name\*

### Middle Name

### Suffix

Jr., Sr., II, etc..

### Job Title

### Employee Type\*

### Assigned to DoD Branch\*

**Other Agency or Office**

If not a DoD employee, state where you work

**Employee Status**

**Grade or Rank**

**Grade or Rank Title**

**Email Address\***

Preferred Email Address

**Address**

Preferred mailing address

**City\***

**State/APO/FPO\***

**Zip Code\***

Zip/Postal Code

**Country\***

**Home Telephone**

Best Contact Time

**Work Telephone (Commercial)**

Best Contact Time

**Work Telephone (DSN)**

DSN Prefix

Work Telephone (DSN)

Best Contact Time

**Mobile Telephone**

Best Contact Time

**Interview\***

Yes, I am willing to be interviewed

No, I am NOT willing to be interviewed.

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**Are you submitting this complaint for someone else?\***

Yes

No

**What is that person's last name?**

**What is that person's first name?**

**What is that person's middle name?**

**What is their Job Title?**

**What is their organization name?**

**Where is their organization located? You must include either the city, state, or country**

**What city is their organization located?**

**What state is their organization located?**

**What country is their organization located?**

**What is their contact information? You must include either their email or phone number**

**What is their phone number?**

**What is their email address?**

**Is that person aware you are submitting this complaint?**

Yes

No

**If you are an employee of a DoD contractor, subcontractor, grantee, sub-grantee, or personal services contractor, provide the following information, if known:**

**Description/type of contract**

**Contract number**

**Subcontract number**

(Sub)contract or (sub)grant number, and if a sub-, the prime contract or grant number

**Date of contract award**

**Primary contractor**

Yes

No

**Subcontractor**

Yes

No

**Responsible Contracting Agent**

## Part 2. Retaliation Complaint Details

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Use this section to provide details of the alleged retaliation. If you aren't sure that this complaint meets the criteria for retaliation, please visit the retaliation website.

**Communication or Disclosure #1**

**To whom was the communication/disclosure made?\***

**Date of the communication**

**Prefix**

Mr, Mrs, Ms, etc.

**Last Name**

**First Name**

**Middle Name**

**Suffix**

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

**Phone Number**

**Job Title**

**Employee Type**

**Assigned to DoD Branch**

**Other Agency or Office**

If not a DoD employee, state where the person works

**Employee Status**

**Grade or Rank**

**Grade or Rank Title**

**Organization/Unit**

**Describe the communication/disclosure in as much detail as you can. (500 character limit)**

**Communication or Disclosure #2**

**To whom was the communication/disclosure made?\***

**Date of the communication**

**Prefix**

Mr, Mrs, Ms, etc.

**Last Name**

**First Name**

**Middle Name**

**Suffix**

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

**Phone Number**

**Job Title**

**Employee Type**

**Assigned to DoD Branch**

**Other Agency or Office**

If not a DoD employee, state where the person works

**Employee Status**

**Grade or Rank**

**Grade or Rank Title**

**Organization/Unit**

**Describe the communication/disclosure in as much detail as you can. (500 character limit)**

List below any additional communications/disclosures you made, to whom, and the date(s). (1500 character limit)

**WHO WAS RESPONSIBLE FOR THE ALLEGED RETALIATION, AND WHAT DID THEY DO?**

Identify the person(s) that committed the alleged wrongdoing.

**Person #1**

**Prefix**

Mr, Mrs, Ms, etc...

**Last Name\***

**First Name\***

**Middle Name**

**Suffix**

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

**Job Title**

**Employee Type**

**Assigned to DoD Branch**

**Other Agency or Office**

If not a DoD employee, state where that person works

**Employee Status**

**Grade or Rank**

**Grade or Rank Title**

**Address**

**City**

**State/APO/FPO**

**Zip Code**

Zip/Postal Code

**Country**

**Email Address**

Preferred Email Address

**Home Telephone**

**Work Telephone (Commercial)**

**Work Telephone (DSN)**

DSN Prefix

Work Telephone (DSN)

**Mobile Telephone**

**Date of the alleged retaliation\***

From Date

To Date

**Describe the alleged retaliatory action in as much detail as you can: (500 character limit)**

**Person #2**

**Prefix**

Mr, Mrs, Ms, etc...

**Last Name\***

**First Name\***

**Middle Name**

**Suffix**

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

**Job Title**

**Employee Type**

**Assigned to DoD Branch**

**Other Agency or Office**

If not a DoD employee, state where that person works

**Employee Status**

**Grade or Rank**

**Grade or Rank Title**

**Address**

**City**

**State/APO/FPO**

**Zip Code**

Zip/Postal Code

**Country**

**Email Address**

Preferred Email Address

**Home Telephone**

**Work Telephone (Commercial)**

**Work Telephone (DSN)**

DSN Prefix

Work Telephone (DSN)

**Mobile Telephone**

**Date of the alleged retaliation\***

From Date

To Date

**Describe the alleged retaliatory action in as much detail as you can: (500 character limit)**

**If there were any other individuals responsible for retaliation, please list them here: (1500 character limit)**

**Part 2. Retaliation Complaint Details (cont)**

Briefly summarize the complaint, including any specific information you have to support your belief that the actions taken, not taken, or threatened to be taken or not taken were in retaliation for the communication(s)/disclosure(s) listed above. For example, did the disclosure reflect negatively on the person who took the action, or were other employees/military members who didn't make communications/disclosures treated differently? Also, describe any specific information that supports your belief that the action was not justified by conduct or performance.

**Complaint Description (5000 character limit)**

**Part 3. Other Agencies Contacted**

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Indicate in this section if this complaint has been filed with any other office, including other Inspector General offices, a member of Congress, or a court. Clearly identify the agency, office or command and provide the current status of the complaint, if known. If those offices have responded, please provide a copy.

Has this whistleblower retaliation complaint been filed with any other organization/agency? \*

Yes

No

Which Organization/Agency?

When did you submit?

What is the status of that complaint?

Case Number

## Part 4. Mailing Address and Supporting Documentation

**Mail this form along with any supporting documentation to:**

DoD Hotline

The Pentagon

Washington, D.C. 20301-1900

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

Or you may submit via facsimile to: (703) 604-8567

**DO NOT submit classified documents**

## Part 5. 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 USC § 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.