

## Part 1. Your Current Information

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### Receiving Organization

DoD OIG Hotline

Your selection below implies you have reviewed the information and understand the choice you are making. Please keep in mind that your decision to elect anonymity may limit our ability to conduct an inquiry, if one is warranted, or to appropriately address your complaint.

I choose to provide my complaint anonymously

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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 phone number or email address**

**What is their phone number?**

**What is their email address?**

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

Yes

No

## Part 2. Complaint Details

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

**Is this complaint against a person?\***

Yes

No

I do not know the person who allegedly committed the wrongdoing

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

**Person #1**

**Prefix**

Mr, Mrs 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**

**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**

**Person #2**

**Prefix**

Mr, Mrs 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**

If not a person, identify the following information:

**Company/Program Name\***

**Address**

**City**

**State/APO/FPO**

**Zip Code**

Zip/Postal Code

**Country**

If there are more subjects of a complaint, please list them here: (1500 character limit)

## Part 2. Complaint Details (cont)

We can best process your complaint if you submit accurate and complete information. Provide a summary of your complaint, to include an event chronology, if appropriate. Be as specific as possible in your responses.

**\*Explain the incident, alleged wrongdoing/complaint. (5000 character limit)**

**When did the incident or alleged wrongdoing occur?\***

From Date

To Date

Additional description

**Does your complaint involve a DoD Contract?**

Yes

No

**If yes, provide the following information:**

**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**

**Where did the incident or alleged wrongdoing take place? You must include either the address, city or state.**

**Service or Component**

**Organization name\***



**Address**

**City**

**State**

**Zip**

**Country\***

Identify the KEY witness(es) who may have information of the alleged wrongdoing.

**Witness #1**

**Prefix**

Mr, Mrs, Ms, etc.

**Last Name\***

**First Name\***

**Middle Name**

**Suffix**

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

**Job Title**

**Organization\***

**Phone number / contact information**

**Witness #2**

**Prefix**

Mr, Mrs, Ms, etc.

**Last Name\***

**First Name\***

**Middle Name**

**Suffix**

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

**Job Title**

**Organization\***

**Phone number/ contact information**

**If there are more witnesses, please list them here: (1500 character limit)**

**What law, rule, regulation, or standard do you believe was violated? (1000 character limit)**

**Briefly summarize how our office can assist you regarding this matter. (500 character limit)**

### Part 3. Other Actions You are Taking

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Indicate in this section if you have filed your complaint with any other office, to include other Inspector General offices, or a member of Congress. If you have received any response(s) from those offices, provide our office with a copy.

**Have you reported this matter to any other organization/agency?\***

Yes

No

**Organization/Agency Name:\***

**When did you submit?**

**What is the status of that complaint?**

**Case Number**

### Part 4. Mailing Address and Supporting Documentation

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**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

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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.