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. 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)

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.)
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.

☐ 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

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?

<table>
<thead>
<tr>
<th>Members of Congress</th>
<th>Inspector General</th>
<th>E0 or EEO Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government Official</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>Violation of Law, Rule, or Regulation</th>
<th>Gross Mismanagement</th>
<th>Gross Waste of Funds</th>
</tr>
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<tbody>
<tr>
<td>Abuse of Authority</td>
<td>Substantial and Specific Danger</td>
<td>Other</td>
</tr>
</tbody>
</table>

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?

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First Name ___________________________________________ Last Name _______________________________

Rank / Title / Grade ___________________________ Organization / Location ____________________________________________________________

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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 ___________________________
### Whistleblower Reprisal Complaint Form

**Fraud, Waste and Abuse**

**DoD HOTLINE**

1.800.424.9098 • www.dodig.mil/hotline

---

(* 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?

<table>
<thead>
<tr>
<th>First Name*</th>
<th>Last Name*</th>
</tr>
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**Subject’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-A appropriated Fund Employee
- [ ] Retiree
- [ ] 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?

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**Subject’s Status**

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- [ ] Contractor Employee – Sub
- [ ] Non-A appropriated Fund Employee
- [ ] Retiree
- [ ] Other

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

---

Department of Defense Hotline • The Pentagon • Washington, D.C. 20301-1900
FWA Hotline: (800)424-9098 • SWA Hotline: (877) 363-3348 • Hotline Fax: (703) 604-8567
www.dodig.mil/hotline
### Whistleblower Reprisal Complaint Form

(*) 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?**

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- [ ] Contractor Employee – Prime
- [ ] Contractor Employee – Sub
- [ ] Non-Affiliated Fund Employee
- [ ] Retiree
- [ ] 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?

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- [ ] Retiree
- [ ] Other__________________

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

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________

______________________________________________________________
Briefly describe your complaint (limit of 1000 characters). Ensure you describe why you believe the protected communication in Step 1 resulted in an unfavorable action (or denial of a favorable action) from the person identified in PART II. Describe what unfavorable action was taken against you (or what favorable action was denied) and when the action was taken. Please do not include details of non-reprisal allegations (such as fraud, waste, or abuse) in this box. Those allegations should be filed separately with DoD Hotline.*
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).