

Part 1. Your Current Information

Receiving Organization

DoD OIG Hotline

(See Privacy Act Statement on Page 15)

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.

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

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

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

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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

Print a copy of your submission for your records.

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 identity in Part I of this form (Release of Identity, Non-Release of Identity, or Anonymous). If I did not elect to release my identity, I understand this will cause a delay in processing my complaint. I further understand that if I have elected either confidential or anonymous status, it may impact the ability of the DoD OIG Hotline to either conduct an inquiry, or to appropriately address my issue(s). I also understand that if I elect anonymity, (providing no contact information), I will be unable to receive notification when this matter is closed nor how to request releasable records related to an inquiry.

I understand that if the Inspector General 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 OIG 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 Inspector General determines that such a disclosure is unavoidable during the course of an investigation.

Privacy Act Statement

AUTHORITIES: "5 USC Chapter 4, Inspector General Act of 1978," as amended; section 1034, title 10, United States Code (10 U.S.C. § 1034), "Protected Communications; Prohibition of Retaliatory Personnel Actions" (Military Whistleblower Protection Act), as amended; 10 U.S.C. § 1587, "Employees of Nonappropriated Fund Instrumentalities: Reprisals" (NAFI Whistleblowers), as amended; 10 U.S.C. § 4701, "Contractor Employees: Protection from Reprisal for Disclosure of Certain Information," as amended; 10 U.S.C. § 2890, "Rights and Responsibilities of Tenants of Housing Units," as amended; DoD Instruction 7050.01, "DoD Hotline Program," as amended; DoD Directive (DoDD) 7050.06, "Military Whistleblower Protection," as amended; DoDD 1401.03, "DoD Nonappropriated Fund Instrumentality (NAFI) Employee Whistleblower Protection," as amended; DoDD 5505.06, "Investigations of Allegations Against Senior DoD Officials," as amended; Presidential Policy Directive 19, "Protecting Whistleblowers with Access to Classified Information," October 10, 2012; and Directive-Type Memorandum 13-008, "DoD Implementation of Presidential Policy Directive 19," as amended.

PURPOSES: The DoD Hotline provides a confidential, reliable means for individuals to report fraud, waste, and abuse, violations of law, rule or regulation, mismanagement, and classified information leaks involving the DoD. Information is used to conduct the appropriate investigation.

ROUTINE USES: In addition to the disclosures permitted by 5 USC 552a, Section (b), Conditions of Disclosure, information may be disclosed for any of the reasons listed in the System of Records Notice CIG-16, Inspector General Administrative Investigation Records (IGAIR), from the Office of the Secretary, DoD/Joint Staff published in the Federal Register 87 FR 32391.

DISCLOSURE: Voluntary. Complaints can be submitted anonymously.