



INSPECTOR GENERAL
DEPARTMENT OF DEFENSE
4800 MARK CENTER DRIVE
ALEXANDRIA, VIRGINIA 22350-1500

Mr./Ms./Mrs. Full Name
Street Address
City, State Zip
Email address

xxxxxxxx-xxxxxx-CASE-xx

Dear Mr./Ms./Mrs. Last Name:

In order for us to investigate your complaint of whistleblower reprisal under **Choose an item** made on **Click here to enter a date**, your active participation in the investigation is required.

As of this date, you have **[Insert specific way in which Complainant has not cooperated.]**

We will close your case unless we hear from you within 10 days of your receipt of this letter. Please contact **Mr./Ms. Investigator Last Name** at (area code) **phone number** or email at **Click here to enter email**.

Sincerely,

Supervisory Investigator Full Name
Supervisory Investigator
Whistleblower Reprisal Investigations