

Part 1. Your Current Information

Receiving Organization

DoD OIG Hotline

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 Inspector General determines my complaint cannot be referred without disclosing my identity on a need-to-know basis to organizations outside the DoD OIG, 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 if the Inspector General, 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 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

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 the person works

Employee Status

Grade or Rank

Grade or Rank Title

Address

City

State/APO/FPO

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

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. Document Uploads

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.