JOINT INSPECTOR GENERAL ACTION REQUEST Personal and Fraud, Waste and Abuse Complaint Registration

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 141; DoDD 5106.04; DoDI 5106.05.

PRINCIPAL PURPOSE(S): To secure sufficient information to inquire into the matters presented and to provide a response to the requestor(s) and/or take action to correct deficiencies.

ROUTINE USE(S): Information is used for official purposes within the Department of Defense; to answer complainants or respond to requests for assistance, advice, or information; by members of Congress and other Government agencies when determined by The Inspector General to be in the best interest of the Department of Defense; and, in certain cases, in trial by courts-martial and other military matters as authorized by the Uniform Code of Military Justice. Department of Defense "Blanket Routine Uses" also apply.

DISCLOSURE: Disclosure of personal information is vo the requestor, accomplishment of the requested action(s		lete information may hinder prope	r identification of
WARNING: Those who knowingly and intentionally provactions (UCMJ Art. 107; 18 U.S.C. 1001).	de false statements in this complaint are	e subject to potential punitive and	administrative
1. NAME (Last, First, Middle Initial)	2. GRADE/RANK	3. SSN (O	ptional)
4. STATUS (X as applicable) MILITARY Air Force Army Navy Coast Guard Active Reserve National Guard	5. UNIT IDENTIF Marine Corps Other:	CATION CODE (UIC)/ORGANIZ	ATION ADDRESS
CIVILIAN Appropriated Fund Contractor Nonappropriated Fund Foreign or Local National Othe	6. PREFERRED	6. PREFERRED MAILING ADDRESS (If different from above)	
7. CONTACT TELEPHONE NUMBER(S) (Include area co a. DUTY b. HOME c. C		ESS(ES)	
10. INFORMATION PERTAINING TO THIS REQUEST (B about this matter, etc.)	nckground, list attached documents, who	o else (commander, agency) you h	nave talked with
11. STATEMENT OF UNDERSTANDING			
I do I do not consent to release my personal information inside official channels in order to resolve the matter(s) listed above. I understand that if I do not agree to release my personal information, my request for assistance may go unresolved.			
a. DATE (YYYYMMDD) b. SIGNATURE	ai illionnation, my request for assistant	12. IG/CASE NUMBER (Assig	ned by Joint IC)
a. 5.1.2 (1111), 1100)		. I IO/O/OE NOMBER (ASSIG	noa by doint 10)