

**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 voluntary; however, failure to provide complete information may hinder proper identification of the requestor, accomplishment of the requested action(s), and response to the requestor.

WARNING: Those who knowingly and intentionally provide false statements in this complaint are subject to potential punitive and administrative actions (UCMJ Art. 107; 18 U.S.C. 1001).

1. NAME <i>(Last, First, Middle Initial)</i>	2. GRADE/RANK	3. SSN <i>(Optional)</i>
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4. STATUS <i>(X as applicable)</i> <input type="checkbox"/> MILITARY <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Other: <input type="checkbox"/> CIVILIAN <input type="checkbox"/> Appropriated Fund <input type="checkbox"/> Nonappropriated Fund <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign or Local National <input type="checkbox"/> Other:	5. UNIT IDENTIFICATION CODE (UIC)/ORGANIZATION ADDRESS 6. PREFERRED MAILING ADDRESS <i>(If different from above)</i>
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7. CONTACT TELEPHONE NUMBER(S) <i>(Include area code/DSN)</i> a. DUTY b. HOME c. CELL	8. E-MAIL ADDRESS(ES)
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9. SPECIFIC ACTION REQUESTED *(What do you want the IG to do for you?)*

10. INFORMATION PERTAINING TO THIS REQUEST *(Background, list attached documents, who else (commander, agency) you have talked with about this matter, etc.)*

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	12. IG/CASE NUMBER <i>(Assigned by Joint IG)</i>
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