

COMNAIRPAC INSPECTOR GENERAL ACTION REQUEST (IGAR)



AUTHORITY: SECNAVINST 5430.57 (series) and SECNAVINST 5370.5 (series).

PRINCIPAL PURPOSE(S): To register a complaint relating to suspected Fraud, Waste, Abuse, and Mismanagement.

ROUTINE USE(S): Data provided are furnished to supervisors, commanders or inspectors in response to queries for resolution of complaints and to eliminate conditions considered detrimental to the efficiency or reputation of the United States Naval Services .

DISCLOSURE: Disclosure of your identity and any other personal identifying information is voluntary. Failure to provide the information will not adversely affect the resolution of your complaint but may cause a delay in resolving the issue.



SECTION 1 - TO BE COMPLETED BY THE COMPLAINANT

Save a copy of this form to your desktop and rename the document prior to proceeding with completing this form.

May we contact you?

YES - contact me for more information.

NO - I wish to remain **anonymous** and **have not provided** you with contact information (If you answered NO, Skip to Part 3).

YES - I have provided my contact information; however, **I want my identity to remain confidential.**

CONSENT TO RELEASE IDENTITY

I acknowledge the following:

- o Department of Defense (DOD) Instruction 7050.01 does not permit revealing the identity of a complainant without either the consent of the complainant, or approval from Department of Defense (DOD) Inspector General (IG).
- o I provided a statement to: CNAP Force Inspector General's Office.
- o I understand that access to the information gathered in an Inspector General (IG) investigation is restricted to persons with a need to know to perform their official duties.
- o I understand that I may ask that my identity as a complainant is kept confidential. However, the CNAP FORCE Inspector General may need to discuss the circumstances of my complaint with the chain of command to assist in resolving the issues listed in my complaint. Discussing these circumstances may lead to the named individuals concluding that I am the complainant in an IG hotline case.
- o I understand that if the CNAP FORCE Inspector General's Office determines that the allegation(s) in my complaint cannot be addressed or investigated without disclosing my identity on a need-to-know basis outside of the CNAP IG office, 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 of the CNAP IG or a region IG office determines that such disclosure is otherwise unavoidable, or if the matter falls under the purview of another IG office or agency. Such circumstances may include, but are not restricted, to a matter involving a specific danger to health, safety, or a national security issue.

Understanding all of the above,

I DO CONSENT TO RELEASE MY NAME AND CONTACT INFORMATION OUTSIDE OF THE CNAP IG OR A REGION OFFICE ON A NEED-TO-KNOW BASIS TO THE CHAIN OF COMMAND IN ORDER TO ASSIST IN ADDRESSING OR INVESTIGATING MY COMPLAINT.

I DO NOT CONSENT TO RELEASE MY NAME AND CONTACT INFORMATION OUTSIDE OF THE CNAP IG OR A REGION OFFICE.

THIS IS FOR OFFICIAL USE ONLY, AND I DO NOT CONSENT TO FURTHER RELEASE OF MY NAME FOR ANY OTHER PURPOSE.

SIGNATURE (Type Full Name if Submitting Electronically)

DATE: MO/DY/YEAR

PART 2: COMPLAINANT CONTACT INFORMATION

1. Complainant Status

2. Name (Last, First, MI)

3. Rank/Grade

3. Organization (Including Dept/Division/Code if Applicable)

4. Mailing Address (Where response to this complaint will be sent - Street, City, State, and Zip Code)

5. Contact Phone Number

6. E-mail Address

PART 3: DETAILS OF YOUR ALLEGATION

1. **VICTIM** - Who was the injured Party?

LAST NAME (LNAME)	FIRST NAME (FNAME)	RANK/GRADE	ORGANIZATION
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2. **SUBJECTS** - Who performed the wrongdoing?

SUBJECT 1 - LNAME	SUBJECT 1 - FNAME	RANK/GRADE	ORGANIZATION
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SUBJECT 2 - LNAME	SUBJECT 2 - FNAME	RANK/GRADE	ORGANIZATION
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3. WITNESSES

WITNESS 1 LNAME, FNAME, MIDDLE INITIAL RANK/GRADE ORGANIZATION PHONE #

WITNESS 1 LNAME, FNAME, MIDDLE INITIAL RANK/GRADE ORGANIZATION PHONE #

WITNESS 1 LNAME, FNAME, MIDDLE INITIAL RANK/GRADE ORGANIZATION PHONE #

WITNESS 1 LNAME, FNAME, MIDDLE INITIAL RANK/GRADE ORGANIZATION PHONE #

WITNESS 1 LNAME, FNAME, MIDDLE INITIAL RANK/GRADE ORGANIZATION PHONE #

4a. What did Subject 1 do or fail to do that was wrong? Briefly describe the alleged wrongdoing. Also, please attach any documents that support your allegations. (500 character limit)

4b. What rule, regulation, or law do you believe that Subject 1 violated? (250 character limit)

4c. What did Subject 2 do or fail to do that was wrong? Briefly describe the alleged wrongdoing. Also, please attach any documents that support your allegations. (500 character limit)

4d. What rule, regulation, or law do you believe that Subject 2 violated? (250 character limit)

5. When did the incident occur? Be as specific as possible about the dates.

6. Where did the incident occur? What location or command, etc.

7. Why do you think the incident took place? (250 character limit)

8. **How** have you tried to resolve the problem? (500 character limit)

8a. Have you contacted your chain of command?

YES

NO

If **YES**, please identify the (1) command, (2) when the chain of command was contacted, (3) who you talked to (Include Rank/Grade, FNAME, LNAME) and (4) provide the current status of the matter.

8b. Have you contacted another Inspector General?

YES

NO

If **YES**, please identify the IG office and provide the current status of the matter.

8c. Have you tried to resolve your complaint by using an established redress process?

YES

NO

If **YES**, please make your selection from the drop down menu

8d. If you answered **YES** to 8c, please provide the current status of the matter. (250 character limit)

9. What do you want the IG to do? (250 character limit)

10. Use the space below for additional information that you wish to provide. (500 character limit)

Section II - PRIVACY ACT INFORMATION

DATA REQUIRED BY THE PRIVACY ACT OF 1974

PRIVACY ACT STATEMENT For Personal Information Taken During Inspector General Interviews

AUTHORITY: Title 10 US Code, Sections 5014 and 5020

PURPOSE: To determine the facts and circumstances surrounding allegations or complaints against Navy/Marine Corps personnel and/or activities. To present findings, conclusions and recommendations developed from investigations and other inquiries to the Secretary of the Navy, CNO, CMC, or other appropriate commanders.

Disclosure of Social Security Account Number is voluntary, and if requested, is used to further identify the individual providing the information.

ROUTINE USES: The information is used for the purpose set forth above and may be:

- a. Forwarded to federal, state or local law enforcement agencies for their use;
- b. Used as a basis for summaries, briefings or responses to Members of Congress or other agencies in the Executive Branch of the Federal Government;
- c. Provided to Congress or other federal, state and local agencies, when determined necessary.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:

For Military Personnel: Disclosure of personal information is mandatory and failure to do so may subject the individual to disciplinary action.

For Department of the Navy Civilians: Failure to disclose personal information in relation to your position responsibilities may subject the individual to adverse personnel action.

For All Other Personnel: Disclosure of personal information is voluntary and no adverse action can be taken against individuals for refusing to provide information about themselves.

ACKNOWLEDGMENT

I understand the provisions of the Privacy Act of 1974 as related to me through the foregoing statement.

SIGNATURE (Type Full Name if Submitting Electronically)

**DATE:
MO/DY/YEAR
I.E. 06/15/2015**

THANK YOU FOR BRINGING THIS COMPLAINT TO OUR ATTENTION

By submitting this form you certify that all of the statements made in this complaint (including continuation pages and addendum) are true, complete, and correct, to the best of your knowledge. You understand that a false statement of a material fact is a criminal offense (18 U. S. C. Section 1001).

(1) Save and Click PRINT Button to Print a Copy for Your Files. (2) Click SUBMIT Button to Submit Form Directly to CNAP IG via Email.
