

## SPAWAR IG HOTLINE INTAKE FORM

1. Do you wish to remain anonymous?\*

YES     NO (If yes, skip to question 5)

2. If "NO", do you want confidentiality?\*

YES     NO

3. Are you willing to be interviewed?

YES     NO

4. Complainant's Contact Information:

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

TITLE/POSITION (if applicable): \_\_\_\_\_  
(e.g., Military - Rank or Rate/Govt Civilian/Industry Partner – Contractor/Non-Govt)

PLACE OF EMPLOYMENT/DUTY STATION: \_\_\_\_\_

\_\_\_\_\_

WORK TELEPHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**\*Complainant has the right to anonymity or confidentiality, if desired; however, if the Complainant opts for confidentiality, there is no guaranteed confidentiality. More information is available upon request.**

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5. Who is involved? (include First & Last name, Rank/Pay grade, Duty station, Place of employment)

a. VICTIM – who is the injured person(s)? (Provide contact info, if known)

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b. SUBJECT(S) – who performed the wrongdoing? (Provide contact info, if known)

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c. WITNESS(ES) – (Provide contact info, if known)

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6. What did the Subject do or fail to do that was wrong?

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7. What rule, regulation, or law do you think the subject(s) violated?

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8. When did the incident(s) occur?

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9. Where did the incident(s) occur?

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10. Why do you think the incident(s) took place?

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11. How have you tried to resolve the problem(s)?

a. Have you told your chain of command (COC)?

YES  NO (If no, use the space directly below to explain why not, then skip to question 11.b)

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Who have you told in your COC about this matter? (list First & Last name, Rank/Rate or Pay grade, Position, Billet/Job title, Location)

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When did you inform your COC?

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What was done?

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b. Have you contacted anyone else about this matter? (e.g., NAVINSGEN or any other

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agency such as JAG, DoD, Congressman, EO/EEO Representative)

YES  NO (If no, skip to question 12)

Who? (include contact info – Name/Govt Agency/Address/Phone no./Email address)

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When?

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c. Have you received a response from anyone you contacted in 11b. above?

YES  NO (If no, skip to question 12)

Who?

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When?

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Status?

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12. What do you want the IG to do?

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13. Do you have documentation to support your allegations?  YES  NO

If yes, please fax the documentation to (619) 524-7383 or mail to:  
SPAWAR Hotline (Code 014)  
4301 Pacific Highway  
San Diego, CA 92110-3127

14. Any additional Information you wish to provide: Use backside of this form.

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**Privacy Policy:** Use of the complaint form is done at your own risk. We cannot guarantee your privacy. By using the form below to submit your complaint via fax, you acknowledge that your privacy is not guaranteed and are doing so at your own risk. You are welcome to contact us by telephone (619) 524-7070, by FAX (619) 524-7383, or send us your complaint via mail to Space and Naval Warfare Systems Command (SPAWAR), Code 014, 4301 Pacific Highway, San Diego, CA 92110-3127.

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**(IG OFFICE USE)**

TAKEN BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CASE # \_\_\_\_\_  
                    PRINT NAME

(Latest Edition: February 2011) - Previous version obsolete