FRNO _____

INSPECTOR GENERAL COMPLAINT FORM

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013 Secretary of the Air Force, 10 U.S.C. 8020 Inspector General, 44 U.S.C. 3101 Records Management, Air Force Instruction 90-301, Inspector General Complaints Resolution and EO 9397.
PRINCIPAL PURPOSES(S): To register a personal complaint relating to individual injustices or suspected Fraud, Waste, and/or Abuse.
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 Air Force.
DISCLOSURE: Voluntary; However, failure to provide the information will not adversely affect the resolution of your complaint but may delay the IG or investigating officer in resolving the issue.

1. NAME (Last, First, Middle, Suffix) or Anonymous	**GRADE/RANK**	**STATUS (Active, Reserve, Guard, Civilian)**
	ORGANIZATION	

2. DATE YOU BECAME AWARE OF THE ISSUE(S)	**3. Home Telephone:** _____ **Cell Telephone:** _____ **Work Telephone (DSN/Comm):** _____

4. ADDRESS (Where response to complaint will be sent) _____ E-mail Address: _____	**5. Y / N - Have you asked your immediate supervisor or commander for assistance with this issue?** **Y/N - Have you filed this complaint with Congress or another IG?**

6. DESCRIPTION OF ALLEGATIONS/ISSUES: To assist in describing the issue(s), please answer the following questions. (Continue on the back or attach pages as necessary.)	**7. NAMES AND/OR POSITIONS OF WITNESSES (Or others who have knowledge of your allegations.)**
a. When did the issue occur? b. Where did the issue occur? c. Who took the action in question a. (e.g., Maj John A. Smith, XXSQ/CC)? d. What did the person (or people) in question c. do (e.g., gave a letter of reprimand, wasted resources)? e. To whom did the action in question d. happen (e.g., complainant, Sgt Smith, etc.)? f. What law or regulation was violated (e.g., AFI 36-2803, 10 U.S.C, etc)? g. What remedy is being sought?	

8. I **DO** ☐ or **DO NOT** ☐ consent to release of my name to agencies outside the IG system under a For Official Use Only policy to facilitate resolution of my complaint. I understand failure to authorize release may preclude timely resolution of my issues.

I certify that all of the statements made in this complaint (including any continuation pages) are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable under Article 107 of the UCMJ or 18 U.S.C. § 1001 by a fine of up to $250,000, imprisonment for up to five years, or both.

SIGNATURE OF COMPLAINANT Sign	DATE