SWRMC INSPECTOR GENERAL
FRAUD, WASTE & MISMANAGEMENT ONLINE COMPLAINT FORM

PART 1: GENERAL INFORMATION

3755 Brinser St
San Diego, CA 92136-5299

swrmc.ighotline@navy.mil
(619) 556-7955

Authority:

(a) Inspector General Act of 1978, as amended

(b) DOD Directive 5106.01, "Inspector General of the Department of Defense", April 13, 2006.

(c) DOD Directive 7050.1, "Defense Hotline Program," January 4, 1999

(d) DOD Instruction 7050.7, "Defense Hotline Procedures," December 14, 1998

(e) SECNAVINST 5370.5B, "Secretary of the Navy Hotline Program," November 14, 2004

(f) SECNAVINST 5430.57G, "Mission and Functions of the Naval Inspector General," December 29, 2004

(g) Privacy Act of 1974, 5 U.S.C. 552a

(h) SECNAVINST 5211.5E, "Department of the Navy Privacy Program"
Privacy Act Notice: Information you provide may be used to create an official record in a Privacy Act System of Records. See the DoD Blanket Routine Uses and the Privacy Act Notice for Naval Inspector General Investigation Records for the information about the system of records in which the information will be maintained.

(i) **Privacy Warning**: We cannot guarantee your complete privacy when you use this form because complaints transmitted via the Internet cannot be completely protected from unauthorized attempts to access information.

PART 2: DETAILS OF YOUR ALLEGATION

1. Subject(s) - Who performed the wrongdoing? (All boxes in this form have been restricted to visible area only for information input.)

a. Subject #1 Last Name		Subject #1 First Name		Subject #1 Middle Int		Subject #1 Rank/Grade	

(1). Subject #1 Duty Station/Place of Employment/ Business	
(2). 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 complaint.	
(3). What rule, regulation or law do you think Subject #1 violated? (If you have not already done so, please review the "How to Resolve a Complaint A-Z" (http://www.secnav.navy.mil/ig/Pages/Complaints.aspx) to determine the applicable rule, regulation, etc.)	

b. Subject #2 Last Name		Subject #2 First Name		Subject #2 Middle Int		Subject #2 Rank/Grade	

(1). Subject #2 Duty Station/Place of Employment/Business	
(2). 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 complaint.	
(3). What rule, regulation or law do you think Subject #2 violated? (If you have not already done so, please review the "How to Resolve a Complaint A-Z" (http://www.secnav.navy.mil/ig/Pages/Complaints.aspx) to determine the applicable rule, regulation, etc.)	
c. If there is more than two Subjects use this area to provide the same information for each Subject. (Full Name and Rank/Grade & Duty Station/Place of employment and (2) and (3) above) (Remember space is limited to visible area.)	

2. Witness(es) (All boxes in this form have been restricted to visible area only for information input.)

Last Name	First Name	MI	Duty Station/ Place of Employment/Business	E-Mail

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

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

5. **Why** do you think the incident took place?

6. How have you tried to resolve the problem?

a. Have you contacted your chain of command?

☐ No ☐ Yes

If yes, please identify the command and provide the current status of the matter.

b. Have you contacted another Inspector General?

☐ No ☐ Yes

If yes, please identify the IG office and provide the current status of this matter.

c. Have you tried to resolve your complaint using an established process such as the Board for Correction of Naval Records, Informal Resolution System, EO/EEO or legal system

☐ No ☐ Yes

If yes, please identify the agency or office and provide the current status of the matter.

7. What do you want the IG to do?

8. Additional Information you wish to provide.

9. May we contact you?

- ☐ Yes, contact me for more information. I have provided my contact information below.
- ☐ No, I wish to remain anonymous and have not provided you with contact information.
- ☐ Yes, but I want my identity to remain confidential.

10. Your Contact Information: (All boxes in this form have been restricted to visible area only for information input.)

Last Name		First Name		MI		Rank/Grade	

b. Your home or mailing address: ☐ Home address ☐ Work address

Street 1:		Home Telephone (Area Code & number)	
Street 2:		Office Telephone (Area Code & number)	
City:		Mobile Telephone (Area Code & number)	
State:		Zip Code:		E-Mail Address:	

Duty Station/Place of Employment/Business | Date of Complaint:

Print Form

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).

Submit via Email