



INSPECTOR GENERAL OF THE MARINE CORPS COMPLAINT FORM

Email: orgmb.igmc.hotline@usmc.mil FAX #: (703) 604-7021

Mail: HQMC, Inspector General of the Marine Corps (IGMC) Code IGA Washington, DC 20380-1775

PRIVACY STATEMENT AUTHORITY: SECNAVINST 5430.57 and SECNAVINST 5370.5

PRINCIPAL PURPOSE(S): To register a personal complaint relating to individual injustices or suspected Fraud, Waste and Abuse.

ROUTINE USE(S): Data provided is 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 Marine Corps or Naval Services.

DISCLOSURE: Disclosure of your identity is voluntary and not required. Failure to provide the information will not adversely affect the resolution of your complaint but may delay the investigating officer in resolving the issue.

This form is provided for individuals to provide an outline of information the IGMC requires to conduct an analysis of the complaint. The complaint can be sent via e-mail, FAX, or by mail. Frequently Asked Questions can be found at the [IGMC website](#).

Date: _____

1. Do you wish to remain anonymous?

Yes No

(If yes, do not identify yourself below)

2. If no, do you want confidentiality?

Yes No

(If yes, identify yourself below. We will make every effort to protect your identity from disclosure; however, we cannot guarantee confidentiality since disclosure may be required during an investigation or in the course of corrective action.)

3. Are you willing to be interviewed?

Yes No

4. Have you previously or do you intend to contact a Command Inspector General, Department of Defense Inspector General or any US Congressmen's Office concerning this complaint?

Yes No

Command Inspector General contacted: _____ Date: _____

DoD Inspector General contacted: _____ Date: _____

Congressional Office contacted: _____ Date: _____

Provide the action taken by the office listed above, if any:

5. Your Name: (no nicknames, include maiden name if applicable)

First - _____ MI: _____ Last - _____ Rank/Grade - _____

Mailing Address:

Address: _____ City - _____ State - _____

Zip code - _____ Country - _____

Home Telephone: (Area Code & number) (Include country code, if applicable)

Work Telephone: (Area Code & number) (Include DSN and/or country code, if applicable)



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E-Mail Address: _____

6. Who is involved? Include everyone's first and last names, rank/pay grade, and duty station/place of employment. (Attach additional sheets if necessary)

Subject(s): Who performed the wrongdoing?

Witness(es): Who are the witnesses?

7. What did the subject do or fail to do that was wrong?

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

9. When did the incident occur? Provide dates and times or "Early 2002," etc.

10. Where did the incident take place? What location, command, etc.?



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11. Why do you think the incident took place?

12. How have you tried to resolve the problem? Have you contacted your chain of command? Have you contacted your local Command Inspector General? Have you tried to resolve your complaint using an established process such as Bureau of Corrections of Naval Records, Informal Resolution System, EO/EEO or legal system?

13. What would you like the IG to do?

14. Signature/Acknowledgement.

I certify that all of the statements made in this complaint are true, complete, and correct, to the best of my knowledge. I understand that a false statement or concealment of a material fact is a criminal offense (18 U.S.C. § 1001; Inspector General Act of 1978, As Amended, §7).

Signature or Acknowledgement: _____ Date: _____
