

(\*) Required information

**PART I - Your Information\***

Your selection of the filing option below implies you have reviewed the information and understand the choice you are making.

- I choose to identify myself for the complaint and:
- I give permission for DoD Hotline to release my identity outside the DoD Hotline on a need-to-know basis.
- I do NOT give permission to DoD Hotline to provide my name and contact information outside the DoD Hotline. I understand that in doing so the DoD Hotline may be unable to address my concerns.

I understand that if the Director, DoD Hotline determines the allegation(s) in my complaint cannot be investigated without disclosing my identity on a need-to-know-basis to organizations outside the DoD Hotline, 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, or the Director, DoD Hotline, determines that such disclosure is otherwise unavoidable.

Prefix (Mr., Mrs., Ms., etc...) \_\_\_\_\_

First Name\* \_\_\_\_\_ Middle Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Employee Status\* Check one of the following options or list your status if not listed.

- Military Active Duty       Military National Guard       Military National Guard
- Military National Guard       Military - Reserves       Civilian Employee
- Contractor Employee -       Contractor Employee -       Non-Appropriated
- Retiree       Other \_\_\_\_\_

Assigned DoD Branch\* Check one of the following listed options.

- Department of Defense       Army       Navy
- Marine Corps       Air Force       I am not a DoD Employee

**(\*) Required information**

Other Agency or Office \_\_\_\_\_ Job Title / Series \_\_\_\_\_

Organization/Location \_\_\_\_\_

E-mail Address\* \_\_\_\_\_ Mailing Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State or APO\* \_\_\_\_\_ Zip/Postal Code\* \_\_\_\_\_

Country \_\_\_\_\_ Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Work Telephone (Commercial) \_\_\_\_\_ Work Telephone (DSN) \_\_\_\_\_

Interview\*  Yes, I am willing to be interviewed.  No, I do not want to be contacted.

**PART II – Allegation Details**

Use this section to clearly describe your complaint. If you wish to file a reprisal complaint, do not use this form.

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name \_\_\_\_\_ Person's Middle Name \_\_\_\_\_

Person's Last Name \_\_\_\_\_ Where does this individual work? \_\_\_\_\_

Person's Status

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Military Active Duty    | <input type="checkbox"/> Military National Guard | <input type="checkbox"/> Military National Guard |
| <input type="checkbox"/> Military National Guard | <input type="checkbox"/> Military - Reserves     | <input type="checkbox"/> Civilian Employee       |
| <input type="checkbox"/> Contractor Employee -   | <input type="checkbox"/> Contractor Employee -   | <input type="checkbox"/> Non-Appropriated        |
| <input type="checkbox"/> Retiree                 | <input type="checkbox"/> Other _____             |  |

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name \_\_\_\_\_ Person's Middle Name \_\_\_\_\_  
Person's Last Name \_\_\_\_\_ Where does this individual work? \_\_\_\_\_

Person's Status

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Military Active Duty    | <input type="checkbox"/> Military National Guard<br>(Title 10) | <input type="checkbox"/> Military National Guard |
| <input type="checkbox"/> Military National Guard | <input type="checkbox"/> Military - Reserves                   | <input type="checkbox"/> Civilian Employee       |
| <input type="checkbox"/> Contractor Employee -   | <input type="checkbox"/> Contractor Employee -                 | <input type="checkbox"/> Non-Appropriated        |
| <input type="checkbox"/> Retiree                 | <input type="checkbox"/> Other _____                           |  |

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name \_\_\_\_\_ Person's Middle Name \_\_\_\_\_  
Person's Last Name \_\_\_\_\_ Where does this individual work? \_\_\_\_\_

Person's Status

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Military Active Duty    | <input type="checkbox"/> Military National Guard | <input type="checkbox"/> Military National Guard |
| <input type="checkbox"/> Military National Guard | <input type="checkbox"/> Military - Reserves     | <input type="checkbox"/> Civilian Employee       |
| <input type="checkbox"/> Contractor Employee -   | <input type="checkbox"/> Contractor Employee -   | <input type="checkbox"/> Non-Appropriated        |
| <input type="checkbox"/> Retiree                 | <input type="checkbox"/> Other _____             |  |

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name \_\_\_\_\_ Person's Middle Name \_\_\_\_\_  
Person's Last Name \_\_\_\_\_ Where does this individual work? \_\_\_\_\_

Person's Status

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Military Active Duty    | <input type="checkbox"/> Military National Guard    | <input type="checkbox"/> Military National Guard |
| <input type="checkbox"/> Military National Guard | <input type="checkbox"/> Military - Reserves        | <input type="checkbox"/> Civilian Employee       |
| <input type="checkbox"/> Contractor Employee -   | <input type="checkbox"/> Contractor Employee -<br>S | <input type="checkbox"/> Non-Appropriated<br>F   |
| <input type="checkbox"/> Retiree                 | <input type="checkbox"/> Other _____                |  |

IDENTIFY THE Person(s) - WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name \_\_\_\_\_ Person's Middle Name \_\_\_\_\_  
Person's Last Name \_\_\_\_\_ Where does this individual work? \_\_\_\_\_

Person's Status

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Military Active Duty    | <input type="checkbox"/> Military National Guard | <input type="checkbox"/> Military National Guard |
| <input type="checkbox"/> Military National Guard | <input type="checkbox"/> Military - Reserves     | <input type="checkbox"/> Civilian Employee       |
| <input type="checkbox"/> Contractor Employee -   | <input type="checkbox"/> Contractor Employee -   | <input type="checkbox"/> Non-Appropriated        |
| <input type="checkbox"/> Retiree                 | <input type="checkbox"/> Other _____             |  |

(\*) Required information

We can best process your complaint if we receive accurate and complete information. Provide a summary of your complaint, to include an event chronology, if appropriate.

If your complaint involves contractor fraud, provide the name of the primary contractor, subcontractor, type of contract, contract's, date of contract award, and name(s) of agency official(s) if known.

What did the person(s) do or fail to do that was wrong? \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did the incident(s) occur? \* \_\_\_\_\_  
\_\_\_\_\_

When were you made aware of the problem(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where did the incident(s) take place? \_\_\_\_\_  
\_\_\_\_\_

What rule, regulation, or law do you believe to have been violated? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly summarize how you believe our office can assist you regarding your matter. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(\*) Required information

**PART III - Other Actions You Are Taking**

Please indicate in this section if you have filed your complaint with any other office, to include other Inspector General offices, and your Congressperson. If you have contacted other entities, clearly identify the agency, office, or command, and provide your understanding of the current status of your matter. If you have received any responses from those office(s), provide our office with a copy.

Have you reported this matter to any other organizations/agencies?  Yes  No

If yes, which Organization / Agency? \* \_\_\_\_\_

When\* \_\_\_\_\_

What is the status of that complaint? \*

Open  Under Investigation  Closed  Unknown

**Part IV – Additional Document Submission**

**Mail this form along with supporting documentation to:**

ATTN: DoD Hotline

The Pentagon

Washington, D.C. 20301-1900

Make sure to print copies of the forms you submitted and keep for your records.

**PART V – Certifications**

- \*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).
- \*I have provided my election concerning my filing status in Part I of this form (Release of Identity, Non-Release of Identity, or Anonymous). If I did not provide my release election, I understand that this will cause a delay in the processing of my complaint. I further understand that if I have elected either confidential or anonymous status, it may impact the ability of the DoD Hotline to either conduct an inquiry, if warranted, and/or to appropriately address my issue(s). I also understand that if I elect anonymity, without providing any contact information, I will be unable to request confirmation of receipt of this complaint to the DoD Hotline, or to receive advisements as to open or closed status.
- \*I understand that if the Director, DoD Hotline determines the allegation(s) in my complaint cannot be investigated without disclosing my identity on a need-to-know-basis to organizations outside the DoD Hotline, my lack of permission to release my identity 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, or if the Director, DoD Hotline, determines that such disclosure is otherwise unavoidable.

(\*) Required information

**PART I - Your Information**

Use this form only to file complaints of whistleblower reprisal. If you are unsure as to whether your complaint meets the criteria for a whistleblower reprisal complaint, please review the background information provided on the DoD IG reprisal webpage at <http://www.dodig.mil/hotline/reprisalcomplaint.html>. Only the individual reprised against can file whistleblower reprisal complaints. If your complaint does not meet the requirements for whistleblower reprisal, please file your complaint as a Fraud, Waste, or Abuse complaint with the DoD Hotline at <http://www.dodig.mil/hotline/>. If you are an appropriated fund civilian employee and your complaint alleges reprisal due to race, color, sex, national origin, religion, disability, or genetic information, or you feel you have been retaliated against for filing an earlier complaint with EEO, then please file your complaint with your EEO office or the Equal Employment Opportunity Commission, not the DoD Inspector General.

I have reviewed the criteria for a whistleblower reprisal complaint and this complaint meets the criteria:\*

Yes     No (If no, do not continue with this form)

I am the person who was reprised against:\*

Yes     No (If no, do not continue with this form)

Due to the unique and personal nature of whistleblower reprisal cases, your name and contact information (identity) has to be made available to the appropriate investigating agency, which may be an IG office outside of DoD IG. If you do not elect to release your identity, processing of your complaint will not continue beyond that point. If at a later date you do decide to release your identity, a new complaint can be filed at that time.

**Please Select One\***

**RELEASE OF IDENTITY** (I give permission for DoD Hotline to release my name and contact information outside the DoD Hotline on a need-to-know basis.)

**NON-RELEASE OF IDENTITY** (I do NOT give permission to DoD Hotline to provide my name and contact information outside the DoD Hotline. I understand that processing of my complaint will not continue beyond this point.)

(\*) Required information

Prefix (Mr., Mrs., Ms., etc..) \_\_\_\_\_

Suffix (Jr., Sr., II, etc..) \_\_\_\_\_

First Name\* \_\_\_\_\_ Middle Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_

Employee Status\* Check one of the following options or list your status if not listed.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Military Active Duty                  | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military – Reserves                | <input type="checkbox"/> Civilian Employee                  |
| <input type="checkbox"/> Contractor Employee – Prime           | <input type="checkbox"/> Contractor Employee – Sub          | <input type="checkbox"/> Non-Appropriated Fund Employee     |
| <input type="checkbox"/> Retiree                               | <input type="checkbox"/> Other                              |   |

Assigned DoD Branch\* Check one of the following listed options.

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Department of Defense | <input type="checkbox"/> Army      | <input type="checkbox"/> Navy                    |
| <input type="checkbox"/> Marine Corps          | <input type="checkbox"/> Air Force | <input type="checkbox"/> I am not a DoD Employee |

Other Agency or Office \_\_\_\_\_ Job Title / Series \_\_\_\_\_

Organization/Location \_\_\_\_\_

E-mail Address\* \_\_\_\_\_ Mailing Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State or APO\* \_\_\_\_\_ Zip/Postal Code\* \_\_\_\_\_

Country \_\_\_\_\_ Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_

Work Telephone (Commercial) \_\_\_\_\_ Work Telephone (DSN) \_\_\_\_\_

Best Contact Time  Morning  Afternoon

**PART II – Reprisal Complaint Details**

Use this section to provide details of your reprisal allegation(s). If you are unsure whether or not your complaint meets the criteria to be a reprisal complaint, please visit the DoD Hotline reprisal website at <http://www.dodig.mil/hotline/reprisalcomplaint.html>. If you did not intend to file a reprisal complaint, do not use this form.

**YOUR PROTECTED COMMUNICATION OR DISCLOSURE**

To whom was the protected communication / disclosure made?

- Members of Congress       Inspector General       EO or EEO Official  
 Government Official       Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Rank / Title / Grade \_\_\_\_\_ Organization / Location \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of the protected communication / disclosure \_\_\_\_\_

What was the content of your protected communication / disclosure?

- Violation of Law, Rule, or Regulation       Gross Mismanagement       Gross Waste of Funds  
 Abuse of Authority       Substantial and Specific Danger       Other

If you selected Other for content, specify what the content was here \_\_\_\_\_

**Additional Protected Communications: YOUR PROTECTED COMMUNICATION OR DISCLOSURE**

To whom was the protected communication / disclosure made?

- Members of Congress       Inspector General       EO or EEO Official  
 Government Official       Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Rank / Title / Grade \_\_\_\_\_ Organization / Location \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of the protected communication / disclosure \_\_\_\_\_

What was the content of your protected communication / disclosure?

- Violation of Law, Rule, or Regulation       Gross Mismanagement       Gross Waste of Funds  
 Abuse of Authority       Substantial and Specific Danger       Other

If you selected Other for content, specify what the content was here \_\_\_\_\_

**Additional Protected Communications: YOUR PROTECTED COMMUNICATION OR DISCLOSURE**

To whom was the protected communication / disclosure made?

- Members of Congress       Inspector General       EO or EEO Official  
 Government Official       Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Rank / Title / Grade \_\_\_\_\_ Organization / Location \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of the protected communication / disclosure \_\_\_\_\_

What was the content of your protected communication / disclosure?

- Violation of Law, Rule, or Regulation       Gross Mismanagement       Gross Waste of Funds  
 Abuse of Authority       Substantial and Specific Danger       Other

If you selected Other for content, specify what the content was here \_\_\_\_\_

**Additional Protected Communications: YOUR PROTECTED COMMUNICATION OR DISCLOSURE**

To whom was the protected communication / disclosure made?

- Members of Congress       Inspector General       EO or EEO Official  
 Government Official       Other \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Rank / Title / Grade \_\_\_\_\_ Organization / Location \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of the protected communication / disclosure \_\_\_\_\_

What was the content of your protected communication / disclosure?

- Violation of Law, Rule, or Regulation       Gross Mismanagement       Gross Waste of Funds  
 Abuse of Authority       Substantial and Specific Danger       Other

If you selected Other for content, specify what the content was here \_\_\_\_\_

(\*) Required information

Who was responsible for taking the unfavorable action (or not taking the favorable action) against you and what did they do to you?

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
 Rank / Title / Grade\* \_\_\_\_\_ Organization / Location\* \_\_\_\_\_

Subject's Status

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Military Active Duty                  | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military - Reserves                | <input type="checkbox"/> Civilian Employee                  |
| <input type="checkbox"/> Contractor Employee - Prime           | <input type="checkbox"/> Contractor Employee - Sub          | <input type="checkbox"/> Non-Appropriated Fund Employee     |
| <input type="checkbox"/> Retiree                               | <input type="checkbox"/> Other _____                        |   |

What action was taken against you (or denied to you)? \_\_\_\_\_  
 \_\_\_\_\_

**Additional Individual:** Who was responsible for taking the unfavorable action (or not taking the favorable action) against you and what did they do to you?

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
 Rank / Title / Grade\* \_\_\_\_\_ Organization / Location\* \_\_\_\_\_

Subject's Status

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Military Active Duty                  | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military - Reserves                | <input type="checkbox"/> Civilian Employee                  |
| <input type="checkbox"/> Contractor Employee - Prime           | <input type="checkbox"/> Contractor Employee - Sub          | <input type="checkbox"/> Non-Appropriated Fund Employee     |
| <input type="checkbox"/> Retiree                               | <input type="checkbox"/> Other _____                        |   |

What action was taken against you (or denied to you)? \_\_\_\_\_  
 \_\_\_\_\_

(\*) Required information

Who was responsible for taking the unfavorable action (or not taking the favorable action) against you and what did they do to you?

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
 Rank / Title / Grade\* \_\_\_\_\_ Organization / Location\* \_\_\_\_\_

Subject's Status

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Military Active Duty                  | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military - Reserves                | <input type="checkbox"/> Civilian Employee                  |
| <input type="checkbox"/> Contractor Employee - Prime           | <input type="checkbox"/> Contractor Employee - Sub          | <input type="checkbox"/> Non-Appropriated Fund Employee     |
| <input type="checkbox"/> Retiree                               | <input type="checkbox"/> Other _____                        |   |

What action was taken against you (or denied to you)? \_\_\_\_\_  
 \_\_\_\_\_

**Additional Individual:** Who was responsible for taking the unfavorable action (or not taking the favorable action) against you and what did they do to you?

First Name\* \_\_\_\_\_ Last Name\* \_\_\_\_\_  
 Rank / Title / Grade\* \_\_\_\_\_ Organization / Location\* \_\_\_\_\_

Subject's Status

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Military Active Duty                  | <input type="checkbox"/> Military National Guard (Title 10) | <input type="checkbox"/> Military National Guard (Title 32) |
| <input type="checkbox"/> Military National Guard (Dual Status) | <input type="checkbox"/> Military - Reserves                | <input type="checkbox"/> Civilian Employee                  |
| <input type="checkbox"/> Contractor Employee - Prime           | <input type="checkbox"/> Contractor Employee - Sub          | <input type="checkbox"/> Non-Appropriated Fund Employee     |
| <input type="checkbox"/> Retiree                               | <input type="checkbox"/> Other _____                        |   |

What action was taken against you (or denied to you)? \_\_\_\_\_  
 \_\_\_\_\_



### PART III - Other Actions You Are Taking

Please indicate in this section if you have filed your complaint with any other office, to include other Inspector General offices your Member of Congress, or the Office of Special Counsel. If you have contacted other entities, clearly identify the agency, office, or command, and provide your understanding of the current status of your matter. If you have received any responses from those office(s), provide our office with a copy.

**Have you filed a whistleblower reprisal complaint in this instance with any other organizations/agencies?**

Yes  No

If yes, which Organization / Agency? \* \_\_\_\_\_

When\* \_\_\_\_\_

What is the status of that complaint? \*

Open                       Under Investigation                       Closed                       Unknown

### Part IV – Additional Document Submission

**Mail this form along with supporting documentation to:**

ATTN: DoD Hotline  
The Pentagon  
Washington, D.C. 20301-1900

Make sure to print copies of the forms you submitted and keep for your records.

### PART V – Certifications

If you have any questions about the certification and what it means, do not hesitate to contact the DoD Hotline at 1-800-424-9098.

\* 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).