

CONTROLLED UNCLASSIFIED INFORMATION (CUI) -- when filled			FRNO: (IG use only)	
INSPECTOR GENERAL COMPLAINT FORM				
PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C. 9013 Secretary of the Air Force, 10 U.S.C. 9020 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.			IG CUI-controlled record Controlled by: Dept of the Air Force & DAF/IG CUI Category: CUI//PRIIG Distribution/Dissemination Control: FEDCON	
SECTION I: COMPLAINANT IDENTIFICATION				
1. NAME: (Last, First MI, Suffix -- or "Anonymous".)		2. GRADE/RANK:		3. TODAY'S DATE:
4. DOD ID NUMBER:	5. ORGANIZATION: (Where does Complainant work?)		6. MILITARY BRANCH:	
7a. HOME PHONE:	7b. CELL PHONE:	7c. WORK PHONE:	8. STATUS: (At time of incident)	
9. E-MAIL ADDRESS: (Where can IG contact Complainant?)		10. MAILING ADDRESS: (Where final response to Complainant will be mailed.)		
SECTION II: PRIOR ATTENTION TO ISSUE				
<input type="checkbox"/> Yes <input type="checkbox"/> No		11. Have you asked your immediate supervisor, chain of command, or commander for assistance with this issue?		
From whom and when?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		12. Have you filed this complaint with Congress or another IG?		
To whom and when?				
<input type="checkbox"/> Yes <input type="checkbox"/> No		13. Have you filed this complaint with any other office or organization, such as Equal Opportunity (EO)?		
To whom and when?				
SECTION III: BRIEF SYNOPSIS OF ISSUE(S) OR ALLEGATION(S)				
14a. WHEN: (When did the issue occur?)	14b. CALENDAR DATE:	14c. WHEN AWARE: (Date you became aware of issue[s].)	14d. CALENDAR DATE:	
15. WHERE: (Where did the issue occur?)				
16. WHO: (Who took the action in question #17 [e.g., Maj John A. Smith, XXSQ/CC]?)				
17. DID WHAT: (What did the person [or people] in question #16 do [e.g., issued a letter of reprimand, abused authority, wasted resources, etc.]?)				

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18. TO WHOM: (To whom did the action in question #17 happen [e.g., complainant, Sgt Jones, etc.]?)						
19. IN VIOLATION OF WHAT: (What law or regulation was violated [e.g., AFI 36-2803, 10 U.S.C. 1034, etc.]?)						
20. REMEDY: (What remedy or "fix" is being sought?)						
SECTION IV: LIST OF WITNESSES						
21. NAMES AND/OR POSITIONS OF WITNESSES: (List any witnesses or others who may have knowledge about this issue. Click the "+ Add Comment" button to give details about what that witness may know, as well as, contact information if the witness is not in your organization. Click the plus "+" button to add additional witnesses, or the minus "-" button to delete unused rows. Use the up & down arrows to reorganize your list of witnesses, most important at top.)						
+		RANK/GRADE	NAME (Last, First MI, Suffix)	POSITION	ORGANIZATION	COMMENT
↑↓-						+ Add Comment
↑↓-						+ Add Comment
↑↓-						+ Add Comment
↑↓-						+ Add Comment
SECTION V: DETAILED NARRATIVE DESCRIPTION OF ALLEGATION(S) OR ISSUE(S)						
22. NARRATIVE DESCRIPTION: (Use this block to describe the issues and/or allegations in sufficient detail for the IG to process your complaint. This block will automatically expand to accommodate extensive text entries. If copying & pasting from another document, do not include any special characters [e.g., subscript, symbols, non-text and non-printing characters, etc.]. Do not paste any graphics into this form. If handwritten/wet-signed, state "See additional pages" below.)						
SECTION VI: COMPLAINT CERTIFICATION						
INSTRUCTIONS: Complete all other sections of this complaint form prior to digitally signing it. A digital signature below will lock this form to further edits. If no method to digitally sign is available, such as, no Common Access Card (CAC) and/or no CAC reader, print and wet-sign this form. An "anonymous" complainant can leave Section I of this form blank, yet still digitally sign the certification below--the digital signature locks this form and the identifying information will be redacted from "anonymous" complaints prior to release outside of IG channels.						
23. CONSENT TO RELEASE:		I <input type="checkbox"/> DO <input type="checkbox"/> DO NOT		consent to release of my name to any necessary agency outside the IG system under Controlled Unclassified Information (CUI) or other authorized policies to facilitate resolution of my complaint. I understand failure to authorize release may preclude timely resolution of my issues.		
24. COMPLAINANT SIGNATURE.						
<i>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.</i>						
PRINTED NAME (Last, First MI, Suffix)				DATE:		
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