



# **COMMAND INSPECTOR GENERAL MAGTFTC/MCAGCC COMPLAINT FORM**

Email: [SMB-PLMS-MCAGCC-CMD-IG@usmc.mil](mailto:SMB-PLMS-MCAGCC-CMD-IG@usmc.mil) Hotline: **760) 830-7749** FAX #: **(760)**

**830-6155** Mail: **Command Inspector General Box 788100 Twentynine Palms, CA 92278**

This form is provided for individuals to provide an outline of information the Command Inspector General requires to conduct an analysis of the complaint. The complaint can be sent via e-mail, FAX, or by mail. You may print this form, fill in all of the requested information, and send it to the Command Inspector General.

Frequently Asked Questions can be found at the IGMC website:

<http://www.marines.mil/unit/hqmc/inspectorgeneral/Pages/4StepHotlineProcedure.aspx>

**Date:** \_\_\_\_\_

## **1. Do you wish to remain anonymous?**

Yes                      No

(If yes, do not identify yourself below or sign this document)

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

First - \_\_\_\_\_ MI: \_\_\_\_\_ Last - \_\_\_\_\_ Rank/Grade - \_\_\_\_\_

Mailing 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)

\_\_\_\_\_

E-Mail Address: \_\_\_\_\_



**COMMAND INSPECTOR GENERAL MAGTF/TC/MCAGCC COMPLAINT FORM**

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**5. 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?

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

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

**8. When did the incident occur?** Provide dates and times or "Early 2010," etc.

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



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

**11. How have you tried to resolve the problem?** Have you contacted your chain of command? Have you discussed it with your supervisor? 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?

**12. What would you like the IG to do?**

**13. 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: \_\_\_\_\_

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