1. Do you wish to remain anonymous?*  YES NO (If yes, skip to question 5)							
2. If "NO", do you want confidentiality?*  YES NO							
3. Are you willing to be interviewed?  YES NO							
4. Complainant's Contact Information:							
FIRST NAME:							
LAST NAME:							
TITLE/POSITION (if applicable):							
(e.g., Military - Rank or Rate/Govt Civilian/Industry Partner – Contractor/Non-Govt)							
PLACE OF EMPLOYMENT/DUTY STATION:							
WORK TELEPHONE:							
CELL PHONE:							
E-MAIL ADDRESS:							

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<sup>\*</sup>Complainant has the right to anonymity or confidentiality, if desired; however, if the Complainant opts for confidentiality, there is no guaranteed confidentiality. More information is available upon request.

	a. VICTIM – who is the injured person(s)? (Provide contact info, if known)
	b. SUBJECT(S) – who performed the wrongdoing? (Provide contact info, if known
	c. WITNESS(ES) – (Provide contact info, if known)
	What did the Subject do or fail to do that was wrong?
•	What rule, regulation, or law do you think the subject(s) violated?
•	When did the incident(s) occur?

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).	Where did the incident(s) occur?					
Э.	Why do you think the incident(s) took place?					
1.	How have you tried to resolve the problem(s)?					
-	a. Have you told your chain of command (COC)?					
	YES NO (If no, use the space directly below to explain why not, then skip to question 11.b)					
	Who have you told in your COC about this matter? (list First & Last name, Rank/Rate or Pay grade, Position, Billet/Job title, Location)					
	When did you inform your COC?					
	What was done?					
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	Have you contacted anyone else about this matter? (e.g., NAVINSGEN or any other agency such as JAG, DoD, Congressman, EO/EEO Representative)
	YES NO (If no, skip to question 12)
Who	o? (include contact info – Name/Govt Agency/Address/Phone no./Email address)
Wh	nen?
c. ]	Have you received a response from anyone you contacted in 11b. above?
	YES NO (If no, skip to question 12)
Wh	io?
Wh	nen?
Sta	tus?
2. W	That do you want the IG to do?
3. De	o you have documentation to support your allegations? YES NO
	If yes, please fax the documentation to (619) 553-2882 or mail to: SPAWARSYSCEN Pacific Hotline (Code 8.6) 53560 Hull Street San Diego, CA 92152-5001
4. Aı	ny additional Information you wish to provide: Use backside of this form.
ny mi	FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE suse or unauthorized disclosure may result in both civil and criminal penal
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**Privacy Policy:** Use of the complaint form is done at your own risk. We cannot guarantee your privacy. By using the form below to submit your complaint via fax, you acknowledge that your privacy is not guaranteed and are doing so at your own risk. You are welcome to contact us by telephone (619) 553-4393, by FAX (619) 553-2882, or send us your complaint via mail to Space and Naval Warfare (SPAWAR) Systems Center Pacific, Code 8.6, 53560 Hull Street, San Diego, CA 92152-5001.

(IG OFFICE USE)										
TAKEN BY:	PRINT NAME	DATE:	CASE #							
	(Latest Edition: February 2011) - Previous version obsolete									

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