#### MARINE CORPS INSTALLATIONS WEST-MARINE CORPS BASE CAMP PENDLETON

#### **COMMAND INSPECTOR GENERAL**

## **COMPLAINT FORM**

E-mail: MCI WEST IG COMPLAINTS@usmc.mil

FAX: (760) 725-5776

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, POSTAL MAIL OR HAND-DELIVERED TO OUR OFFICE AT MCB CAMP PENDLETON, BUILDING 13131, SECOND DECK, RM 201.

IF YOU HAVE NOT ALREADY DONE SO, PLEASE REVIEW THE 4-STEP HOTLINE PROCESS ADDRESSED BELOW:

| STEP 1       | DETERMIN   | DETERMINE THE BEST METHOD TO ADDRESS YOUR ISSUE OR COMPLAINT |   |  |  |  |
|--------------|--|--|---|--|--|--|
| STEP 2       | REVIEW T   | HIS FORM TO B  | ETTER UNDERSTAND THE COMPLAINT PROCESS  |  |  |  |
| STEP 3       | PREPARE T  | YOUR COMPLAI   | INT FOR SUBMISSION TO THE COMMAND INSPECTOR GENERAL   |  |  |  |
| STEP 4       | EP 4 FILE A COMPLAINT WITH THE COMMAND INSPECTOR GENERAL |  |   |  |  |  |
| 1. DO YOU    | WISH TO REMA   | IN ANONYMOUS   | S?  |  |  |  |
|              | YES  | NO   | IF YES, DO NOT IDENTIFY YOURSELF  |  |  |  |
| 2. IF NO, DO | O YOU WANT CO  | ONFIDENTIALIT  | Y?  |  |  |  |
|              | 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   | U WILLING TO E   | BE INTERVIEWE  | D?  |  |  |  |
|              | YES  | NO   |   |  |  |  |
| 4. YOUR CO   | ONTACT INFOR   | MATION:  |   |  |  |  |
| NA           | ME:  |  |   |  |  |  |
|              | FIRST, M/I:  |  | LAST:   |  |  |  |
| MA           | AILING ADDRES  | S:   |   |  |  |  |
|              | # / STREET:  | <b>:</b>   |   |  |  |  |
|              | CITY / ZIP:  |  |   |  |  |  |
| PH           | ONE(S): PROVID   | E ONLY THOSE I   | BY WHICH WE MAY CONTACT YOU. INCLUDE AREA CODE & NUMBER   |  |  |  |
|              | HOME:_(  | )  | WORK:_()  |  |  |  |
|              | CELL:(_  | )  |   |  |  |  |
| E-N          | MAIL ADDRESS:  |  |   |  |  |  |

# $\ \, \textbf{MARINE CORPS INSTALLATIONS WEST-MARINE CORPS BASE CAMP PENDLETON } \\$

## **COMMAND INSPECTOR GENERAL**

## **COMPLAINT FORM**

| WHAT RULE, REGULATION, OR LAW DO YOU THINK THE SUBJECT(S) VIOLATE?  WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?             |       | IS INVOLVED? Include first and last names, rank / pay grade, and duty station / place of employment.  SUBJECT(S): |
|---|-------|---|
| WHAT' DID THE SUBJECT(S) DO, OR FAIL TO DO THAT WAS WRONG?  WHAT RULE, REGULATION, OR LAW' DO YOU THINK THE SUBJECT(S) VIOLATE?  WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times. | _     |   |
| WHAT' DID THE SUBJECT(S) DO, OR FAIL TO DO THAT WAS WRONG?  WHAT RULE, REGULATION, OR LAW' DO YOU THINK THE SUBJECT(S) VIOLATE?  WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times. | _     |   |
| WHAT RULE, REGULATION, OR LAW' DO YOU THINK THE SUBJECT(S) VIOLATE?  WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?            | •     | WITNESS (ES) (Please provide contact information of all witnesses):   |
| WHAT RULE, REGULATION, OR LAW' DO YOU THINK THE SUBJECT(S) VIOLATE?  WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?            | _     |   |
| WHAT RULE, REGULATION, OR LAW' DO YOU THINK THE SUBJECT(S) VIOLATE?  WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?            | -     |   |
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| WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   | ·WHA  | Γ' DID THE SUBJECT(S) DO, OR FAIL TO DO THAT WAS WRONG?   |
| WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   | -     |   |
| WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   | -     | ······································  |
| WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   | -     |   |
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| WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   | _     |   |
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| WHEN' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.  WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   | -     |   |
| WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   | 'WHA' | T RULE, REGULATION, OR LAW' DO YOU THINK THE SUBJECT(S) VIOLATE?  |
| WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   |       |   |
| WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   |       |   |
| WHERE' DID THE INCIDENT / VIOLATION TAKE PLACE?   |       |   |
|   | WHE   | N' DID THE INCIDENT / VIOLATION OCCUR? Provide dates & times.   |
|   | _     |   |
| 'WHY' DO YOU THINK THE INCIDENT / VIOLATION TOOK PLACE?   | WHEI  | RE' DID THE INCIDENT / VIOLATION TAKE PLACE?  |
| 'WHY' DO YOU THINK THE INCIDENT / VIOLATION TOOK PLACE?   | _     |   |
| 'WHY' DO YOU THINK THE INCIDENT / VIOLATION TOOK PLACE?   | _     |   |
|   | 'WHY  | " DO YOU THINK THE INCIDENT / VIOLATION TOOK PLACE?   |
|   | -     |   |
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# **COMMAND INSPECTOR GENERAL**

## **COMPLAINT FORM**

| 11. 'Н | OW' HAVE YOU TRIED TO RESOLVE THE PROBLEM?   |
|--------|--|
|        | HAVE YOU CONTACTED THE CHAIN-OF-COMMAND?   |
|        | HAVE YOU CONTACTED ANOTHER COMMAND INSPECTOR GENERAL?  |
|        | HAVE YOU TRIED TO RESOLVE YOUR COMPLAINT USING <u>ESTABLISHED PROCESSES</u> SUCH AS; BUREAU OF CORRECTIONS OF NAVAL RECORDS, INFORMAL RESOLUTION SYSTEM, EO/EEO OR LEGAL SYSTEM? |
|        | <u>IF ANY</u> OF THE ABOVE APPLY PLEASE EXPLAIN:   |
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| 3. 'AD | DDITIONAL' INFORMATION YOU WISH TO PROVIDE?  |
|        |  |
|        |  |
|        |  |
|        |  |

Signature / Date