



MARINE CORPS INSTALLATIONS WEST-MARINE CORPS BASE
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 (Command Inspector General, Marine Corps Installations West-Marine Corps Base, Camp Pendleton, CA 92055-5010) OR HAND DELIVERED TO OUR OFFICE AT MCB CAMP PENDLETON, BUILDING 13131 (SECOND DECK) ROOM 201.

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

- STEP 1** **DETERMINE THE BEST METHOD TO ADDRESS YOUR ISSUE OR COMPLAINT**
- STEP 2** **REVIEW THIS FORM TO BETTER UNDERSTAND THE COMPLAINT PROCESS**
- STEP 3** **PREPARE YOUR COMPLAINT FOR SUBMISSION TO THE COMMAND INSPECTOR GENERAL**
- STEP 4** **FILE A COMPLAINT WITH THE COMMAND INSPECTOR GENERAL**

1. DATE:

2. DO YOU WISH TO REMAIN ANONYMOUS?

YES NO IF YES, DO NOT IDENTIFY YOURSELF

3. 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.

4. ARE YOU WILLING TO BE INTERVIEWED?

YES NO

5. YOUR CONTACT INFORMATION:

NAME: FIRST, M/I: LAST:

MAILING ADDRESS:

#/STREET:

CITY / ZIP

PHONE(S): PROVIDE ONLY THOSE BY WHICH WE MAY CONTACT YOU INCLUDE AREA CODE AND NUMBER

HOME: WORK:

CELL: EMAIL:

6. WHO IS INVOLVED? (Include first and last names, rank/pay grade, and duty station / place of employment)

SUBJECT(S): (PLEASE IDENTIFY THE WRONGDOERS)

WITNESS(S): (PLEASE PROVIDE THEIR CONTACT INFORMATION)

7. WHAT DID THE SUBJECT(S) DO, OR FAIL TO DO THAT WAS WRONG? (attach any additional documents)

8. WHAT RULE, REGULATION, OR LAW DO YOU THINK THE SUBJECT(S) VIOLATED?

9. WHEN DID THE INCIDENT / VIOLATION OCCUR?

10. WHERE DID THE INCIDENT / VIOLATION TAKE PLACE?

11. WHY DO YOU THINK THE INCIDENT / VIOLATION TOOK PLACE?

12. HOW HAVE YOU TRIED TO RESOLVE THE PROBLEM?

HAVE YOU CONTACTED THE CHAIN OF COMMAND? YES NO

HAVE YOU CONTACTED ANOTHER COMMAND INSPECTOR GENERAL? YES NO

HAVE YOU TRIED TO RESOLVE YOUR COMPLAINT USING ESTABLISHED PROCESSES, SUCH AS:
BUREAU OF CORRECTIONS OF NAVAL RECORDS, INFORMATION RESOLUTION SYSTEM, EO/EEO,
OR LEGAL SYSTEM? YES NO

IF ANY OF THE ABOVE APPLY...PLEASE EXPLAIN:

13. WHAT DO YOU WANT THE COMMAND INSPECTOR GENERAL TO DO?

14. ADDITIONAL INFORMATION YOU WISH TO PROVIDE?

15. 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 OF ACKNOWLEDGEMENT: _____

IN LIEU OF SIGNATURE TYPE NAME: