



MARFORCOM COMMAND INSPECTOR GENERAL
"THE EYES AND EARS OF THE COMMANDER"
 PHONE: 757-836-2128 E-MAIL: OMB.MARFORCOM.IG@USMC.MIL



COMPLAINT FORM

Date: _____

1. Do you wish to remain anonymous? Yes ____ No ____
 (If yes, do not identify yourself below)

2. If no, do you want confidentiality? Yes ____ No ____

3. Are you willing to be interviewed? Yes ____ No ____

4. Your Name (no nicknames please): _____

Mailing Address: _____

Home Telephone: _____ Work Telephone: _____

E-Mail Address: _____

5. Who is involved? Include everyone's first and last names, rank/pay grade, and duty station/place of employment.

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?

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COMPLAINT FORM (Continued)

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

8. When did the incident occur? Provide dates and times.

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

10. Why do you think the incident took place?

11. How have you tried to resolve the problem?

Have you tried to resolve your complaint by using your Chain-of-Command using established procedures such as Bureau of Corrections of Naval Records, Informal Resolution System, EO/EEO or legal system?

12. What do you want the IG to do?

13. Additional information you wish to provide.