



**MARINE CORPS INSTALLATIONS PACIFIC-MARINE CORPS BASE CAMP BUTLER
INSPECTOR GENERAL**

E-mail: inspector.mcbb.fct@usmc.mil

COMPLAINT FORM		
<u>PRIVACY ACT STATEMENT</u>		
<p>AUTHORITY: 10 U.S.C. 5014, Office of the Secretary of the Navy; 10 U.S.C. 5020 Naval Inspector General; SECNAVINST 5430.57G; Marine Corps Order 5430.1; Marine Corps Order 5370.8.</p> <p>PURPOSES: To determine the facts and circumstances surrounding allegations or complaints against Marine Corps personnel and/or activities. To present findings, conclusions, and recommendations developed from investigations and other inquiries to the Secretary of the Navy, CMC, or other appropriate Commanders.</p> <p>ROUTINE USES: In addition to these disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may be specifically disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3)</p> <p>DISCLOSURE: Voluntary. However, failure to provide the requested information may result in a lack of enough information for the Inspector General to investigate or substantiate a complaint.</p>		
1. Do you wish to remain anonymous? <i>(If yes, do not identify yourself)</i>	Yes	No
2. If no, do you want confidentiality? <i>(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.)</i>	Yes	No
3. Are you willing to be interviewed?	Yes	No
4. Your Information <i>(Please complete the following sections if your answer to Question 1 is "No".)</i>		
First Name:	Last Name:	MI:
Rank/Grade:	E-Mail Address:	
Work Phone:	Cell Phone:	
Mailing Address:		
5. Who is involved? <i>(Include everyone's first and last names, rank/pay grade, and duty station/place of employment.)</i>		
Subject(s): Who performed the wrong doing?		
Witness(es): Who are the witnesses?		



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6. What did the subject do or fail to do that was wrong? Please be specific. Attach additional page(s) if needed.

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

8. When did the incident occur? Please provide dates and times or "Early 2017", etc.

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

10. Why do you think the incident took place?



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11. Have you tried to resolve the problem? If so, please answer the following questions.				
Chain of Command Contacted:		Date:	Case No.:	
Other IG Office Contacted:		Date:	Case No.:	
Congressional Office Contacted:		Date:	EDIPI:	
Board of Correction of Naval Records?	Yes	No	Date:	Case No.:
Informal Resolution System?	Yes	No	Date:	Case No.:
EO/EEO?	Yes	No	Date:	Case No.:
Legal System:		Date:	Case No.:	
Other:		Date:	Case No.:	
Provide the action taken by the office listed above, if any:				
12. What do you want the CIG to do?				
13. Additional information you wish to provide.				
14. 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:			Date	