



NAVMC 11512 Complainant Notification Form

Step 1

- Meet with an Equal Opportunity Advisor (EOA)
- Select Role Part IA – 1.
 - Drop down will allow you to select:
 - *Complainant OR Anonymous*

Step 2

- Complete Part IA – 2 to 8.

Step 3

- Complete Part IA – 9b.
- Select Punitive Provision(s) you are alleging by initialing *First.Middle.Last Name*

Step 4

- Complete Part IA – 9c.
- Select the complaint process you are requesting by initialing *First.Middle.Last Name*

Step 5

- Put the cursor below Part IA – 9c. to highlight it blue to write your detailed description/narrative
- Be sure to add as much detail as possible (*5x W's - Who, What, When, Where, and Why*)
- The document will expand and add pages

CUI (When filed in)				MCO 5354.1G
PROHIBITED ACTIVITIES AND CONDUCT COMPLAINT AND RESOLUTION				
For use of this form, see MCO 5354.1G, the proponent agency is MERA, MPE.				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e-16(b) and (c); 10 U.S.C. 5013; 10 U.S.C. 5041; 10 U.S.C. 1074E 3D-CFR 64A; DoD 1215-10; DoD 3001.02; OJCSM 3150.10C; DoD 6480.02; SECNAVINST 1770.5; MCO 5354.1G; MCO 7230.50B; and SCRN's M01640-3 and M016044.</p> <p>PURPOSE: To permit Marine Corps personnel to submit complaints of Prohibited Activities and Conduct and for command officials and Equal Opportunity Advisors to provide a record of responsive actions taken, any formal or informal investigation conducted in connection with allegations of sexual harassment or discrimination, and dates of actions and resolution efforts.</p> <p>ROUTINE USES: Information may be disclosed to appropriate DoD Program Officials with a need to know to address complaints outside of the Equal Opportunity program. A complete list and explanation of the applicable routine uses is published in the authorizing SCRN's available at https://oia.dod.mil/dod/privacy/SCRN/index/DOO-wide-SCRN-Article-VI-A-Vol-1-2018-10-31 and https://oia.dod.mil/dod/privacy/SCRN/index/DOO-wide-SCRN-Article-VI-A-Vol-2-2018-10-31.</p> <p>DISCLOSURE: Disclosure is voluntary. However, failure to complete the requested items could result in delayed command action and/or an incomplete/complete analysis of the complaint.</p> <p>RECORDS MANAGEMENT: This form shall be managed in accordance with record schedule 5000-96, "GRS 5.1, Item 010-Administrative records maintained in any agency office".</p>				
PART IA. TO BE COMPLETED BY THE COMPLAINANT				
1. ROLE	2. NAME OF COMPLAINANT (Last, First MI)	3. RANK	4. EDIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. COMPONENT	6. UNIT	7. PHONE	8. EMAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<p>9a. NATURE OF COMPLAINT. (Provide a detailed description, the basis for your complaint; describe the incident/behavior(s) and date(s) of occurrence(s); the names of parties involved, witnesses, and to whom it may have been previously reported; plus, any additional information that would be helpful in resolving your complaint, and requested remedy/some conflict management or complaint resolution.) Initial need to alleged behavior and requested outcome.</p> <p>9b. <input type="checkbox"/> Harassment <input type="checkbox"/> Bullying <input type="checkbox"/> Hazing <input type="checkbox"/> Prohibited Discrimination <input type="checkbox"/> Sexual Harassment</p> <p>9c. <input type="checkbox"/> Formal Resolution <input type="checkbox"/> Conflict Management</p>				



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Step 6

- Complete Part IB – 10a.
- Select date EOA conducts intake and safety assessment

Step 7

- Complete Part IB – 10b.
- Initial *First.Middle.Last Name* and *Date* the first four lines
- **ONLY** Initial *First.Middle.Last Name* and *Date* the last line if you intend to file a **Confidential Sexual Harassment Complaint**

Step 8

- Complete Part IB – 10c. to 10f.

Step 9

- Forward to Equal Opportunity Advisor for action

Step 10

- EOA will complete Part IB – 11/12
- EOA will then forward to your chain of command OR HQMC for Confidential Sexual Harassment Complaints for follow on action

PART IB: TO BE COMPLETED BY THE EQUAL OPPORTUNITY ADVISOR AND COMPLAINANT		
10a. EQUAL OPPORTUNITY ADVISOR (EOA) COMPLAINT INTAKE AND SAFETY ASSESSMENT. The EOA acknowledges complaint receipt on:		
10b. COMPLAINANT ACKNOWLEDGEMENT. After being counseled, initial by each applicable section. (Date)		
_____ I have been counseled on the complaint process and services available to me.	_____	(Date)
_____ I have been advised I can request a supervised review of the investigation.	_____	(Date)
_____ I have been advised of my appellate rights under MCO 5354.1G.	_____	(Date)
_____ I am aware I must contact my local IG or IGMC if I perceive reprisal or retaliation.	_____	(Date)
_____ I'm making a confidential report (for sexual harassment only).	_____	(Date)
10c. AFFIDAVIT. I have read or have had read to me this statement which begins on this page. I fully understand the statement made by me and certify the statement is true. I have initialed all corrections. I make this formal statement without threat of punishment and without coercion, unlawful influence, or unlawful inducement.		
10d. COMPLAINANT SIGNATURE	10e. Grade	10f. DATE
11. EQUAL OPPORTUNITY ADVISOR ACKNOWLEDGEMENT		
11a. EQUAL OPPORTUNITY ADVISOR SIGNATURE	11b. DATE	
12. EQUAL OPPORTUNITY ADVISOR RELATED TO REQUIRED OFFICE.		
12a. EQUAL OPPORTUNITY ADVISOR SIGNATURE	12b. DATE	
NAVMC 11512 (03-24) (EF)	CUI (When filled in) (Sensitivity: CONFIDENTIAL) (Control: CONFIDENTIAL) (Classification: CONFIDENTIAL) (Declassification Authority: N/A) (Declassification Date: N/A)	<input type="button" value="Reset Form"/>
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Step 11

- Command will complete Part II – 13a. to 13e.
- EOA will generate a case report number

Step 12

- EOA will provide you with a copy of your complaint after the commander signs

Step 13

- Upon completion of Formal Complaint Resolution or Informal Conflict Management process, command will complete Part II – 14a. To 14.d.

Step 14

- Complete Part II – 15.
- EOA and Commander will then brief you on the outcome of your complaint
- **Sign** and **Date**

CUI (When filed in)		MCO 5354.1G
PART II TO BE COMPLETED BY THE COMMANDER RESPONSIBLE FOR THE DISPOSITION		
13a. COMMAND ACKNOWLEDGEMENT. The Command acknowledges receipt of this complaint on: _____ (Date)		
13b. After careful consideration your complaint has been:		
<input type="checkbox"/> Accepted for Conflict Management <input type="checkbox"/> Accepted for further inquiry/investigation. Refer to "Complaint Resolution" under MCO 5354.1G. <input type="checkbox"/> Dismissed based on: _____ <input type="checkbox"/> No further processing under MCO 5354.1G is authorized. <input type="checkbox"/> Referred to appropriate agency for action. No further processing under MCO 5354.1G is authorized.		
13c. REPORT NUMBERS (All cases)	13d. DATE	13e. SIGNATURE OF COMMANDER
<input type="text"/>	<input type="text"/>	<input type="text"/>
14a. I have made the following decision as it relates to this case. (Commander, provide a detailed explanation of actions taken or attempt to resolve the complaint. EOA will complete for Conflict Management only.)		
14b. Initial as applicable: <input type="checkbox"/> SUBSTANTIATED <input type="checkbox"/> UNSUBSTANTIATED <input type="checkbox"/> RESOLVED <input type="checkbox"/> NOT RESOLVED		
14c. SIGNATURE OF COMMANDER	14d. DATE	
<input type="text"/>	<input type="text"/>	
15. I acknowledge being advised of the Commander's decision and/or disposition.		
15a. SIGNATURE OF COMPLAINANT	15b. DATE	
<input type="text"/>	<input type="text"/>	



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Step 15

- Complete Part III **ONLY** for Appeals
- Select date EOA conducts intake and safety assessment

Step 16

- Complete Part IV **ONLY** for Voluntary Withdrawal

NOTE: The EOA and Command will walk you through these two processes if required.

PART III APPEALS	
16. Initial Appeal to General Courts-Martial Convening Authority (GCMCA)	
I elect to appeal the convening authority's administrative decision to the GCMCA. _____ (Date)	
I elect not to appeal the convening authority's administrative decision to the GCMCA. _____ (Date)	
17. I acknowledge being counseled concerning the outcome of this appeal.	
17a. SIGNATURE OF COMPLAINANT	17b. DATE
18. Final Appeal to SECNAV (Cases related to prohibited discrimination and sexual harassment only)	
I elect to appeal the convening authority's administrative decision to the SECNAV. _____ (Date)	
I elect not to appeal the convening authority's administrative decision to the SECNAV. _____ (Date)	
19. I have been made aware of the appellate authority decision on my appeal.	
19a. SIGNATURE OF COMPLAINANT	19b. DATE
PART IV VOLUNTARY WITHDRAWAL	
20a. VOLUNTARY WITHDRAWAL OF COMPLAINT. I request to voluntarily withdraw my complaint. By doing this, I understand I forfeit my right to receive feedback regarding my complaint. Voluntary withdrawal statement is optional.	
20b. SIGNATURE OF COMPLAINANT	20c. DATE

NAVMC 11512 (08-24) (EF)

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FOR OFFICIAL USE ONLY
 CONTAINS PROPRIETARY INFORMATION
 THE DISCLOSURE OF WHICH COULD BE DETAIRING TO THE NATIONAL DEFENSE

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NAVMC 11513 Offender Acknowledgement Form


NOTE: THIS DOCUMENT IS FOR FORMAL COMPLAINT RESOLUTION ONLY

Step 1

- Complete PART I – 1 to 8.
- EOA or Command completes and will then meet with the Alleged Offender
- Fill in any blanks if required...

Step 2

- **Alleged Offender** will **Sign** and **Date** PART II – 9.
- Serves as an
 - *Initial Notification of the Alleged Offense*
 - *No Contact Order with Complainant until Formal Complaint Resolution process completes*

CU (When filed in)				MDO 5254.1F
OFFENDER ACKNOWLEDGEMENT RECORD				
PRIVACY ACT STATEMENT				
<p>AUTHORITY: Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e-16(b) and (c), MDO 5254.1F, and SORN MMH00044.</p> <p>PURPOSE: To record acknowledgment of notification, determination, and the prescribed procedures for the right to appeal for those accused of alleged prohibited activities and contact.</p> <p>ROUTINE USES: Information will be accessed by command officials and Equal Opportunity Advisors and representatives with a "need to know" to meet the purpose. Information may be disclosed to appropriate DoD Program Officials with a need to know to address complaints outside of the Equal Opportunity program. A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at https://social.dhs.gov/post/2016/03/01/2016-03-01-Article-View-Action-52541F-mmh00044.</p> <p>DISCLOSURE: Disclosure is voluntary. However, failure to complete the requested items could result in delayed command action and/or an incomplete analysis of the complaint.</p> <p>RECORDS MANAGEMENT: This form shall be managed in accordance with record schedule 5000-96, "GRS 5.1, Item 610-Administrative records maintained in any agency office".</p>				
PART I ALLEGED OFFENDER INFORMATION				
1. REPORT NUMBER	2. NAME OF SUBJECT	3. RANK	4. EDIP	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
5. COMPONENT	6. UNIT	7. PHONE	8. EMAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
PART II INITIAL NOTIFICATION				
<p>9. Subject of Initial Investigation Notification. I have been notified by my commanding officer that I am the subject of a Prohibited Activities and Conduct (PAC) complaint. I have also been informed not to make any contact or communication with the complainant until the investigation has been completed.</p>				
				
SUBJECT'S SIGNATURE			DATE	
<input type="text"/>			<input type="text"/>	



NAVMC 11513 Continued...

Step 3

- **Alleged Offender** will **Sign** and **Date** PART I – 9.
- EOA and Commander will provide a Disposition Notification upon completion of the Formal Complaint Resolution process

Step 4

- Complete Part IV **ONLY** for APPEALS

NOTE: The EOA and Command will walk you through these two processes if required.

PART III DISPOSITION NOTIFICATION	
10. <u>Subject of Inquiry/Investigation Notification</u> . I have been notified by my commanding officer that the PAC complaint filed against me has been <input checked="" type="checkbox"/> I understand I have 30 days from date of notification to request my appeal.	
<small>Signature</small>	
SUBJECT'S SIGNATURE	DATE
PART IV APPEALS	
11. <u>Initial appeal to the General Courts-Martial Convening Authority (GCMCA)</u> .	
<input type="checkbox"/> I elect to appeal the convening authority's administrative decision to the GCMCA.	DATE _____
<input type="checkbox"/> I elect not to appeal the convening authority's administrative decision to the GCMCA.	DATE _____
12. I acknowledge being counseled concerning the outcome of this appeal.	
<small>Signature</small>	
SUBJECT'S SIGNATURE	DATE
13. <u>Final Appeal to SECNAV (cases related to prohibited discrimination and sexual harassment only)</u> .	
<input type="checkbox"/> I elect to appeal the convening authority's administrative decision to the SECNAV.	DATE _____
<input type="checkbox"/> I elect not to appeal the convening authority's administrative decision to the SECNAV.	DATE _____
14. I have been made aware of the appellate authority's decision on my appeal.	
<small>Signature</small>	
SUBJECT'S SIGNATURE	DATE

NAVMC 11513 (01-24) (EF) CUI (When filled in) 2/21/2024 11:11

All previous editions are obsolete.

Controlled by USMC
 Controlled by: PAC, GCMCA, SECNAV
 OIG Category: I/OCAL, I/REVY
 Disposal/Classification: PROCDR
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