



## 2D MAW COMMAND INSPECTOR GENERAL COMPLAINT FORM

OFFICE: (252) 466-4676 DSN: 582-4676 FAX: (252) 466-3097

EMAIL: orgmb.2dmaw.igmc@usmc.mil

MAIL: Inspector General's Office, MWHS-2, 2d MAW, PSC Box 8076, MCAS Cherry Point, NC 28533-0076



This form is provided for individuals to provide an outline of information the 2d MAW IG requires to conduct an analysis of the complaint. The complaint can be sent via e-mail, FAX, or by mail. You may print this form, fill in all of the requested information, and send it to the 2d MAW Inspector General. Frequently Asked Questions can be found at the 2dMAW website:<http://www.2ndmaw.marines.mil/Offices/Command-Inspector-General/>

Date:

CIG Case #

### 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

(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 willing to be interviewed?

Yes  No

### 4. Your Name: (no nicknames please)

Last Name

First Name

Initial  Rank/Grade

Cell Number  Work Number

E-mail

Address 1

Address 2

City  State  Zip Code

Country



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**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?

[Empty box for subject information]

**Witness(es):** Who are the witnesses?

[Empty box for witness information]

**6. What did the subject do or fail to do that was wrong?** (Attach additional sheets if necessary)

[Large empty box for description of wrongdoing]



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

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

**9. Where did the incident occur?** What location, command, etc.

**10. Why do you think the incident took place?**

**11. How have you tried to resolve the problem?** Have you contacted your chain of command? Have you tried to resolve your complaint using an established process such as the Bureau of Corrections of Naval Records, Informal Resolution System, EO/EEO or legal system? (if yes; what was the outcome?)

**12. What other agencies have you contacted concerning this issue?** (IGMC, Congressman, other Command IG office, etc.) Who have you contacted, when, and what was the outcome?



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**13. What would you like the IG to do?**

**14. Is there any additional information you would like 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 of concealment of a material fact is a criminal offense (18 U.S.C. § 1001; Inspector General Act of 1978, As Amended, § 7).

Signature



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**16. Notes.** (For Command Inspector General's use. Please leave blank.)