



COMMANDER SUBMARINE FORCE PACIFIC INSPECTOR GENERAL HOTLINE COMPLAINT FORM

Please do not submit any classified information using this complaint form. If your submission, including any attachments, may contain classified information, please provide secure contact information (e.g. SIPR, SVOIP) below. We will contact you in order to determine appropriate submission procedures.

Privacy Act Statement

Authority: 10 U.S.C. 5014. Office of the Secretary of the Navy; 10 U.S.C. 5020, Naval Inspector General; SECNAVINST 5430.57H, Mission and Functions of the Naval Inspector General, 17 December 2019.

Purpose: To determine the facts and circumstances surrounding allegations or complaints against Department of the Navy personnel and/or Navy/Marine Corps activities. To present findings, conclusions, and recommendations developed from investigations and other inquiries to the Secretary of the Navy, Chief of Naval Operation, Commandant of the Marine Corps, or other appropriate Commanders.

Routine Uses: In addition to those 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) per the DoD Blanket Routine Uses that appear at the beginning of the Navy's compilation of Privacy Act System of Records Notices.

Disclosure: Voluntary. However, failure to provide the requested information may result in a lack of sufficient information for the Inspector General (IG) to investigate or substantiate a complaint.

1. Do you wish to remain anonymous?

"Anonymous" means your name and other identifying information will be unknown to us. If you enter your name and contact information below, or submit your complaint from an e-mail address with identifying information; you will not be anonymous even if you answer this question as "Yes".

____ Yes ____ No

2. If no, do you wish to remain confidential?

With some exceptions, remaining confidential restricts the disclosure of your identity to those within Navy IG channels who have a clear need-to-know. Please note that without consent to release your identity, inquiry into your complaint may be limited.

____ Yes ____ No

3. Are you willing to be interviewed?

____ Yes ____ No

4. Consent to Disclosure. CPF IG personnel will not disclose the identity of an individual providing a complaint or information to CPF IG unless:

- The individual consents to such disclosure; or
- The disclosure is required by applicable authority, or to address an emergency, or a matter involving specific danger to health, safety, or national security; or
- The CPF IG determines the release of your identity is unavoidable to address the issues raised.

In other words: Regardless of the consent statement chosen, your identity may be disclosed if required by applicable legal authority; to address a matter involving a specific danger to health, safety, national security, or other emergency situation. Additionally, the CPF IG may determine the release of your identity is unavoidable to address the issues raised – this is rarely used. If you do not consent to the release of your identity, we may be unable to proceed with your complaint.

CONSENT ELECTION

I consent to the disclosure of my identity outside the Navy IG Channels on a need-to-know basis. ____ Yes ____ No

Controlled Unclassified Information (CUI)

This U.S. Pacific Fleet (USPACFLT) IG form and any attached documents may contain information that could identify an IG source. The identity of an IG source must be protected. Access to this form is limited to persons with the need-to-know for the purpose of providing a response to the USPACFLT IG. Do not release, reproduce or disseminate this form (in whole or in part) outside USPACFLT IG without the prior written approval of the USPACFLT IG or designee. Do not permit subjects, witnesses, or others to receive, review, or make copies of this form.

Provide the following contact information if answer to Number 1 on Page 1 is "No".

Full Name: _____ Grade or Rank: _____

Date of Complaint: _____ Command/Location: _____

Mailing Address: _____

Email Address: _____

Home Phone #: _____ Work Phone #: _____

Please answer all questions below.

Use Number 13 or add additional sheets if you need to provide additional information.

5. Who performed the wrongdoing? Include everyone's first and last name, rank/pay grade/billet or position, duty station/place of employment.

6. Who witnessed the wrongdoing? Include everyone's first and last names, rank/pay grade/billet or position, duty station/place of employment.

7. What was done, or not done, that was wrong? Briefly describe the alleged wrongdoing. Please attach copied documents that support your allegation, if available.

8. What rule, regulation or law do you think was violated?

9. When did the incident occur? Provide dates and times or approximate time frame.

10. Where did the incident occur? Provide the name of the command and/or specific location(s).

11. How have you tried to resolve the problem? Have you tried to resolve your complaint using an established process such as the informal Resolution System, EO/EEO, or legal system?

12. What do you want the IG to do?

13. Additional information you wish to provide. Please attach additional sheets, if necessary.