

INSPECTOR GENERAL PERSONAL AND FRAUD, WASTE & ABUSE COMPLAINT REGISTRATION			
1. CONFIDENTIALITY STATUS: <i>(Choose only ONE block which applies to you.)</i> a. I DO want to provide my name and I approve use of my identity for official use to aid in resolution of my complaint. b. I DO want to provide my name but wish to remain anonymous. (The DCAA OIG will contact you discreetly to obtain more information concerning your complaint and will not share your identity without your approval.) c. I DO NOT wish to provide my name and I want to remain anonymous. (If you check this block, we may not be able to adequately look into the matter you are reporting.)			
2. NAME: <i>(Last, First, Middle, Suffix) or Anonymous</i>		3. GRADE/RANK:	4. STATUS: <i>(Active, Reserve, Guard, Civ)</i>
5. JOB TITLE AND ORGANIZATION:	6. DATE: <i>(Enter date you became aware of issue(s))</i>	7. CONTACT INFORMATION: <i>The Address and/or E-Mail Address is where the response to the complaint will be sent)</i>	
8. Have you asked your immediate supervisor for assistance with this issue? <div style="display: flex; justify-content: space-around;"> Yes No </div>		a. Home Telephone: _____ b. Cell Telephone: _____ c. Work Telephone: _____ d. Email address: _____ e. Address: _____	
9. Have you filed this complaint with Congress, EEO, or another OIG? <div style="display: flex; justify-content: space-around;"> Yes No </div>			
10. DESCRIPTION OF ALLEGATIONS/ISSUES: <i>(To assist in describing the issue(s), please answer the following questions. (Continue on the back or attach pages as necessary.)</i>			
a. When did the issue occur?		f. What law, regulation or policy was violated (e.g., DCAAI 5015.2, 10 U.S.C., etc.)?	
b. Where did the issue occur?		g. What remedy is being sought?	
c. Who took the action(s) at issue (e.g., Mr. Smith, Mr. Jones, etc.)?			
d. What did the person (or people) in question c. do (e.g., gave a letter of reprimand, wasted resources, etc.)?		h. Names and positions of witnesses (Or others who have knowledge of your allegations).	
e. To whom did the action(s) happen (e.g., me, Ms. Doe, Mr. Harris, etc.)?			
<i>I certify that all of the statements made in this complaint (including any continuation pages) are true, complete, and correct to the best of my knowledge and belief. I understand that a false statement or concealment of a material fact is a criminal offense punishable under Article 107 of the UCMJ or 18 USC 1001 by imprisonment or fine, or both.</i>			
11. DATE:	12. PRINTED NAME OF COMPLAINANT:	13. SIGNATURE OF COMPLAINANT:	

NOTE: Upon completion and signing of this form, please E-mail this form and any attachments to dcaa.belvoir.hq.mbx.oig@mail.mil

PRIVACY ACT STATEMENT

AUTHORITY: Title 5 USC Section 552a.

PRINCIPAL PURPOSE(S): To register a personal complaint relating to suspected Fraud, Waste, Abuse, or Gross Mismanagement.

ROUTINE USE(S): Data provided is furnished to DCAA OIG investigators to resolve complaints and to eliminate conditions considered detrimental to the efficiency or reputation of the Defense Contract Audit Agency.

DISCLOSURE: Disclosure of information contained on this form is voluntary. The information provided may be made part of a DCAA OIG Report and it may be used within the Government for official purposes or released outside the Government under the Freedom of Information Act (FOIA). Names, other than those of senior officials, are not normally included in reports and are redacted when information is released publicly under the FOIA. Failure to provide adequate information, or remaining anonymous, may prevent the DCAA OIG from adequately investigating the matter(s) you are reporting.

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