

INSPECTOR GENERAL PERSONAL AND FRAUD, WASTE & ABUSE COMPLAINT REGISTRATION					REPORT CONTROL SYMBOL
<b>AUTHORITY:</b> 10 U.S.C. 8013, 44 U.S.C. 3101 and EO 9397 <b>PRINCIPAL PURPOSE(S):</b> To register a personal complaint relating to individual injustices or suspected Fraud, Waste and Abuse. <b>ROUTINE USE(S):</b> Data provided are furnished to supervisors, commanders or inspectors in response to queries for resolution of complaints and to eliminate conditions considered detrimental to the efficiency or reputation of the Air Force . <b>DISCLOSURE:</b> Disclosure of your SSN is voluntary. Failure to provide the information will not adversely affect the resolution of your complaint but may delay the investigating officer in resolving the issue.					
<b>SECTION I - TO BE COMPLETED BY COMPLAINANT</b>					
NAME (Last, First, Middle initial)				YES	NO
GRADE		RACE	SEX	<input type="checkbox"/>	<input type="checkbox"/>
SOCIAL SECURITY NO.				NAMES AND/OR POSITIONS OF WITNESSES (Or others having knowledge of your allegations.)	
ADDRESS (Where response to this complaint will be sent.)					
HOME TELEPHONE NO.		WORK TELEPHONE NO. (DSN)			
DESCRIPTION OF ALLEGATIONS (Please number each allegation and include who, what, where, when, and how. Continue on reverse.)					
<i>I fully understand that I am accountable for knowingly making untruthful, malicious, libelous or slanderous statements.</i>					
SIGNATURE OF COMPLAINANT					DATE
<b>SECTION II - TO BE COMPLETED BY INSPECTOR GENERAL STAFF</b>					
FILE REFERENCE NUMBER		INITIALS	OFFICE SYMBOL	TELEPHONE NO. (DSN)	
DATE OPENED	DATE FINALIZED	TOTAL PROCESSING DAYS		NUMBER OF TIMES THIS INDIVIDUAL'S COMPLAINT HAS BEEN ADDRESSED?	
<b>COMPLAINANT STATUS</b>			<b>SPECIAL INTEREST COMPLAINTS</b>		
<input type="checkbox"/> A. ACTIVE DUTY	<input type="checkbox"/> F. AIR FORCE CIVILIAN		<input type="checkbox"/> REPRISAL	<input type="checkbox"/> SENIOR OFFICIAL	<input type="checkbox"/> EOT
<input type="checkbox"/> B. AIR FORCE RESERVE	<input type="checkbox"/> G. DEPENDENT/RELATIVE		<input type="checkbox"/> COLONEL	<input type="checkbox"/> MENTAL HEALTH	<input type="checkbox"/> FWA
<input type="checkbox"/> C. AIR NATIONAL GUARD	<input type="checkbox"/> H. CIVILIAN		<b>GRIEVANCE CHANNEL</b>		
<input type="checkbox"/> D. CADET	<input type="checkbox"/> I. OTHER SERVICE		<input type="checkbox"/> IG	<input type="checkbox"/> CONGRESSIONAL	<input type="checkbox"/> HIGH LEVEL
<input type="checkbox"/> E. RETIRED MILITARY	<input type="checkbox"/> J. ANONYMOUS		<input type="checkbox"/>	<input type="checkbox"/> DOD HOTLINE	<input type="checkbox"/> AF HOTLINE
<b>PASCODE OF COMPLAINANT</b>			<b>PASCODE OF SUBJECT</b>		
<b>FIVE MOST SIGNIFICANT ALLEGATIONS</b>					
COMPLAINT CATEGORY		FINDING CODES		FINDING	
		S = SUBSTANTIATED			
		U = UNSUBSTANTIATED			
		I = INCONCLUSIVE			
<b>WORK DONE</b>					
AF LEVEL COMPLAINT RECEIVED	<input type="checkbox"/>	LOCAL IG	<input type="checkbox"/>	INTR HQ/IG	<input type="checkbox"/>
AF LEVEL COMPLAINT ANSWERED	<input type="checkbox"/>	<input type="checkbox"/>	MAJCOM/IG	<input type="checkbox"/>	SAF/IG
CORRECTIVE ACTION TAKEN		<input type="checkbox"/>	CAT1 INVEST	<input type="checkbox"/>	ASSIST
		<input type="checkbox"/>	CAT2 INVEST	<input type="checkbox"/>	DIR RESP.
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REF OUT
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER

