



# COMNAVSURFPAC INSPECTOR GENERAL ONLINE COMPLAINT FORM

## PART 1: GENERAL INFORMATION

COM: (619) 522-2715  
DSN: 577-3077  
FAX: (619) 522-2714

E-MAIL: w\_crnd\_cnsp\_ig\_us@navy.mil  
ADDRESS: 2841 Rendova Road  
San Diego, CA 92155-5490

Complete and Print form. E-mail or fax to CNSP Inspector General's Office.

May we contact you?

- ☐ Yes, contact me for more information. I have provided my contact information below.
- ☐ No, I wish to remain anonymous and have not provided you with contact information.
- ☐ Yes, but I want my identity to remain confidential.

Your Contact Information: (All boxes in this form have been restricted to visible area only for information input.)

Last Name  First Name  MI  Rank/Grade

Your home or mailing address: ☐ Home address ☐ Work address

Street 1:  Home Telephone (Area Code & number)

Street 2:  Office Telephone (Area Code & number)

City:  Mobile Telephone (Area Code & number)

State:  Zip Code:  E-Mail Address:

Duty Station/Place of Employment/Business

## PART 2: DETAILS OF YOUR ALLEGATION

1. Subject(s) - **Who** preformed the wrongdoing? (All boxes in this form have been restricted to visible area only for information input.)

a. Subject #1  Subject #1  Subject #1  Subject #1   
Last Name First Name MI Rank/Grade

Subject #1 Duty Station/Place of Employment/  
Business

What did Subject #1 do or fail to do that was wrong? Briefly describe the alleged wrongdoing. Also, please attach any documents that support your complaint.

What rule, regulation or law do you think Subject #1 violated?

(If you have not already done so, please review the "How to Resolve a Complaint A-Z" (located on the IG web site) to determine the applicable rule, regulation, etc.)

b. Subject #2  
Last Name

Subject #2  
First Name

Subject #2  
MI

Subject #2  
Rank/Grade

Subject #2 Duty Station/Place of Employment/  
Business

What did Subject #2 do or fail to do that was wrong? Briefly describe the alleged wrongdoing. Also, please attach any documents that support your complaint.

What rule, regulation or law do you think Subject #2 violated?

(If you have not already done so, please review the "How to Resolve a Complaint A-Z" (located on this web site) to determine the applicable rule, regulation, etc.)

c. If there is more than two Subjects, use this area to provide the same information for each Subject. (Last Name, First Name, MI, Rank/Grade & Duty Station/Place of employment, What did Subject do or fail to do that was wrong? and What rule, regulation or law do you think Subject violated?)

(Remember space is limited to visible area.)

2. Witness(es) (All boxes in this form have been restricted to visible area only for information input.)

Last Name	First Name	MI	Duty Station/ Place of Employment/Business	E-Mail

3. **When** did the incident occur? Be as specific as possible about the dates.

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

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

6. <b>How</b> have you tried to resolve the problem?		
a. Have you contacted your chain of command? <div><input type="checkbox"/> No      <input type="checkbox"/> Yes</div>		If yes, please identify the command and provide the current status of the matter. <div></div>
b. Have you contacted another Inspector General? <div><input type="checkbox"/> No      <input type="checkbox"/> Yes</div>		If yes, please identify the IG office and provide the current status of this matter. <div></div>
c. Have you tried to resolve your complaint using an established process such as the Board for Correction of Naval Records, Informal Resolution System, EO/EEO or legal system <div><input type="checkbox"/> No      <input type="checkbox"/> Yes</div>		If yes, please identify the agency or office and provide the current status of the matter. <div></div>
7. What do you want the IG to do?		<div></div>
8. Additional Information you wish to provide.		<div></div>