

COMPLAINT IN-TAKE QUESTIONNAIRE

1. Please complete the requested information to the best of your ability and with as much detail as possible to assist the Inspector General (IG)/Hotline Coordinator (HC) in determining the best avenue to address your concerns.

2. Submission Options

- a. Email: usn.29palms.nmrtc-29-palms.list.nhttp-ig-hotline-rep@health.mil
- b. Phone: (760) 830-2344
- c. Mail: COMMANDING OFFICER
NAVAL HOSPITAL
ATTN COMMAND EVALUATOR
BOX 788250
TWENTYNINE PALMS CA 92278-8250

3. This is a confidential process, and you are not required to identify yourself. However, if you choose not to, we will not be able to contact you for clarifying information and you will not be provided any further information regarding your concerns.

4. Information

- a. Do you wish to remain anonymous? Y N
- b. If no, do you want confidentiality? Depending on your allegation (reprisal or discrimination) we may not be able to ensure your confidentiality. Y N
- c. Are you willing to be interviewed? Y N
- d. First name (no nicknames please): _____
Middle initial: _____ Last: _____
Mailing address: _____
Home number: _____ Cell number: _____
Work number: _____ E-mail: _____
- e. I **DO** / **DO NOT** consent to the release of my name/information to agencies outside the IG channels under a “For Official Use Only” policy to facilitate resolution of my complaint. I understand that failure to authorize release may preclude timely resolution of my issues. *(Please indicate your consent/non-consent by checking the box above.)*

CONTROLLED UNCLASSIFIED INFORMATION (CUI) - PRIVACY SENSITIVE

By submitting this questionnaire you certify that all the statements made in this complaint (including continuation pages and addendums) are true, complete, and correct, to the best of your knowledge. You understand that a false statement of a material fact is a criminal offense (18 U.S.C. Section 1001).

f. Who is involved? (Include everyone's first and last names, rank/pay grade, position, and duty station/place of employment.)

g. Who performed the wrongdoing?

h. Who are the witnesses? (Full name and rank)

i. What did the subject do or fail to do that was wrong?

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

k. When did the incident occur? Provide dates and times or general information (early 2006) etc.

l. Where did the incident take place?

m. Why do you think the incident took place?

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n. How have you tried to resolve the problem? (Chain of command, local inspector general, human resources, equal opportunity, or legal)

o. What do you want the IG/HC to do?

p. Is there additional information you wish to provide? Please provide any additional documentation that you feel would support your allegations.

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