

1ST MARINE LOGISTICS GROUP INSPECTOR GENERAL COMPLAINT FORM

Complaints may be submitted to any of the following addresses:

| Email: 1mlg_group_inspector@usmc.mil Fax: 760-725-9087 | | | Mail: | Commanding General (Attn: CIG) 1st Marine Logistics Group Box 555607 | | |
|--|---------------------|-----|-------------|--|--|--|
| | | | | Camp Pendleton, CA 92055 | | |
| Today's Date: | | | | | | |
| 1. Do you wish to (If yes, do not identify y | • | YES | NO | | | |
| 2. Do you wish to remain confidential? YES NO (If yes, identify yourself below. We will make every effort to protect your identity from disclosure; however we cannot guarantee confidentiality since disclosure may be required during an investigation or in the course of corrective action.) | | | | | | |
| 3. Are you willing | to be interviewed? | YES | NO | | | |
| 4. Have you previously or do you intend to contact another Inspector General (i.e. Department of Defense Inspector General or Inspector General of the YES NO Marine Corps) or any US Congressman's Office concerning this complaint? If yes, please provide which office you contacted, when you contacted that office, and any action taken | | | | | | |
| that office thus far | : | | | | | |
| 5. Your Name: | | | Rank/Grade: | | | |
| 6. Mailing Addres | SS: | | | | | |
| (Optional.) | | | | | | |
| 7. Cell Phone Nur (Area code and numbe | mber: <i>r.)</i> | _ | | Phone Number: | | |
| 8. E-Mail Address | S: | _ | | | | |
| 9. Who is involved? (Provide first and last name, rank/pay grade, and duty station/place of employment.) Subject(s): (Who performed the wrong doing?) | | | | | | |

Witness(s): (Who are the witnesses?)



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- 10. What did the subject do or fail to do that was wrong?
- 11. What rule, regulation or law do you think the subject(s) violated?
- 12. When did the incident occur? (Provide dates and times or "Early 2011", etc.)
- 13. Where did the incident take place?
- 14. Why do you think the incident took place?
- 15. How have you tried to resolve the problem?

| Have you contacted the chain of command? | | NO |
|---|-----|----|
| Have you contacted your local Command Inspector General? | YES | NO |
| Have you tried to resolve your complaint using an established process? (Such as the Bureau of Corrections of Naval Records?) | YES | NO |
| Informal Resolution System, EO/EEO or legal system? | YES | NO |
| What do you want the 1st MLG Inspector General to do? | | |

Please provide any further information on additional pages.

Signature/Acknowledgement. I certify that all of the statements made in this complaint are true, complete, and correct to the best of my knowledge. I understand that a false statement or concealment of a material fact is a criminal offense.

Signature: _____

Date: _____