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If Veterans don't help Veterans, who will?

Note:

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INSPECTOR GENERAL	REPORT CONTROL SYMBOL
PERSONAL AND FRAUD, WASTE & ABUSE COMPLAINT REGISTRATION	

AUTHORITY: 10 U.S.C. 8013, 44 U.S.C. 3101 and EO 9397
PRINCIPAL PURPOSE(S) To register a personal complaint relating to individual injustices or suspected Fraud, Waste and Abuse.
ROUTINE USE(S): 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 .
DISCLOSURE: 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.

SECTION I - TO BE COMPLETED BY COMPLAINANT

NAME (Last, First, Middle initial)		YES	NO	
GRADE	RACE	<input type="checkbox"/>	<input type="checkbox"/>	HAVE YOU ASKED YOUR IMMEDIATE COMMANDER FOR ASSISTANCE WITH THIS PROBLEM?
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 fully understand that I am accountable for knowingly making untruthful, malicious, libelous or slanderous statements.

SIGNATURE OF COMPLAINANT	DATE
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SECTION II - TO BE COMPLETED BY INSPECTOR GENERAL STAFF

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?
COMPLAINANT STATUS		SPECIAL INTEREST COMPLAINTS	
<input type="checkbox"/> A. ACTIVE DUT	<input type="checkbox"/> F. AIR FORCE CIVILIA	<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"/> FW
<input type="checkbox"/> C. AIR NATIONAL GUARD	<input type="checkbox"/> H. CIVILIA	GRIEVANCE CHANNE	
<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. ANONYMOU	<input type="checkbox"/>	<input type="checkbox"/> DOD HOTLINE <input type="checkbox"/> AF HOTLINE
PASCODE OF COMPLAINANT		PASCODE OF SUBJECT	
		FIVE MOST SIGNIFICANT ALLEGATIONS	
		COMPLAINT CATEGORY	FINDING CODES
			S = SUBSTANTIATED
			U = UNSUBSTANTIATED
			I = INCONCLUSIVE
		WORK DONE	
AF LEVEL COMPLAINT RECEIVED	<input type="checkbox"/> LOCAL IG	<input type="checkbox"/> INTR HQ/IG	<input type="checkbox"/> MAJCOM/I <input type="checkbox"/> SAF/I
AF LEVEL COMPLAINT ANSWERED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> CAT1 INVEST	<input type="checkbox"/> ASSIST <input type="checkbox"/> REF OUT
		<input type="checkbox"/> CAT2 INVEST	<input type="checkbox"/> DIR RESP. <input type="checkbox"/> OTHER
CORRECTIVE ACTION TAKEN			

