

## INSPECTOR GENERAL ACTION REQUEST

For use of this form, see AR 20-1; the proponent agency is the Office of The Inspector General.

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** 10 U.S.C 3013, Secretary of the Army; 10 U.S.C 3020, Inspector General Act of 1978 (Public Law, 95-452), as amended; DoDD 1030.1, Victim and Witness Assistance; AR 20-1, Inspector General Activities and Procedures.

**PRINCIPAL PURPOSE:** To secure sufficient information to inquire into the matters presented and to provide a response to the requester(s) and/or take action to correct deficiencies.

**ROUTINE USES:** Information is used for official purposes within the Department of Defense; to answer complaints or respond to requests for assistance, advice, or information; by Members of Congress and other Government agencies when determined by The Inspector General to be in the best interest of the Army; and, in certain cases, in trial by courts-martial and other Military matters as authorized by the Uniform Code of Military Justice.

**DISCLOSURE:** Voluntary, however, failure to provide complete information may hinder proper identification of the requester, accomplishment of the requested action(s), and response to the requester.

**SORN:** A0020-1 SAIG, Inspector General Records (January 11, 2002, 67 FR 1447)

LAST, FIRST, MIDDLE INITIAL	GRADE / RANK	DOD ID	COMPONENT / STATUS
UNIT AND COMPLETE MILITARY ADDRESS (Point of Contact/Telephone if applicable)		PREFERRED CONTACT TELEPHONE (Duty, home, and / or cell)	
PREFERRED MAILING ADDRESS (If different from military address, including ZIP Code)		E-MAIL ADDRESS (Optional)	

SPECIFIC ACTION REQUESTED (What do you want the IG to do for you?)

INFORMATION PERTAINING TO THIS REQUEST (Background. Use additional sheets if necessary; list enclosures if applicable.)

1. What is your status? M-day ADOS AGR Active Component Spouse Civilian Other: \_\_\_\_\_
2. Have you already contacted an IG on this issue? Yes or No Any past issues? Yes or No
3. Have you initiated a Congressional or Senate Inquiry? Yes or No If so, with whom? District or Senate
4. Have you requested assistance from any other source or agency? Yes or No If so, who? \_\_\_\_\_
5. Have you given your chain of command an opportunity to address the problem? Yes or No
6. Who are the Point of Contacts at your unit and what are their phone numbers?

Commander \_\_\_\_\_ PH# \_\_\_\_\_ ISG \_\_\_\_\_ PH# \_\_\_\_\_

Readiness NCO \_\_\_\_\_ PH# \_\_\_\_\_ Admin NCO \_\_\_\_\_ PH# \_\_\_\_\_

7. Do you have any supporting documentation? Yes or No If so, what? \_\_\_\_\_

On the back of this paper, please describe all factual circumstances involving your complaint. Include dates, times and names. You may also submit a Word document (or other word processing formats) and attach to complaint.

I do  I do not  consent to release my personal information outside of IG channels to the chain of command or other officials (but within DoD channels) in order to resolve the matters listed above. I understand that if I do not release my personal information, my request for assistance may go unresolved.

I do  I do not  consent to release the supporting documents I provided to the IG (to exclude this DA Form) outside of IG channels to the chain command or other officials (but within DoD channels) in order to resolve the matters listed above. I understand that if I do not release my documents, my request for assistance may go unresolved.

This information is submitted for the basic purpose of requesting assistance, correcting injustices affecting the individual, or eliminating conditions considered detrimental to the efficiency or reputation of the Army. Those who knowingly and intentionally provide false statements on this form are subject to potential punitive and administrative action (UCMJ Art 107, 18 U.S.C 1001).

SIGNATURE	DATE (YYYYMMDD)
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INFORMATION PERTAINING TO THIS REQUEST *(Continued)*