INSPECTOR GENERAL ACTION REQUEST

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3039.

PRINCIPAL PURPOSE: To secure sufficient information to make inquiry into the matters presented and to provide a response to the requestor(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 and Auditor General to be in the best interest of the Army; and in certain cases in trial by court martial other military matters as authorized by the Uniform Code of Military Justice.

DISCLOSURE OF THE SOCIAL SECURITY NUMBER AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, FAILURE TO PROVIDE COMPLETE INFORMATION MAY HINDER PROPER IDENTIFICATION OF THE REQUESTOR, ACCOMPLISHMENT OF THE REQUESTED ACTION(S) AND RESPONSE TO THE REQUESTOR.

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	SSN	DUTY TELEPHONE
AKO:			

COMPLETE PRESENT MILITARY ADDRESS *(If no military address, state current civilian address, including Zip Code.)*
(A complete mailing address where you feel comfortable receiving official mail from the IG)

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

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

1. What is your component, e.g., AD, USAR, NG, GG, GS, civilian, other? _____

2. If USAR or NG, what is your status, e.g., are you mobilized, AGR, TPU, IMA, other? _____

3. List the name, duty position, and phone number for each individual you have addressed the issue(s) with, e.g, your chain of command, supervisor(s), MER, CPAC/CPOC, patient representative, IG, Member of Congress, other, and what did they do? _____

4. Who else (name, phone number) has information relevant to your issue(s), e.g., witnesses? _____

5. Does your complaint involve classified information (circle choice)? if YES or MAYBE, stop! NO

6. Do you give permission for the IG to use your name on your behalf (circle choice and initial)? YES NO

7. Please read the statement below first, then describe the issue(s) for which you want IG assistance (use additional pages as needed and provide all documents and evidence): _____

This information is submitted for the basic purpose of requesting assistance, correcting injustices affecting individual, or eliminating conditions considered detrimental to the efficiency or reputation of the Army. I fully understand that I may be held accountable for any statements which are proved to be knowingly untruthful.

DATE *(YYYYMMDD)*	SIGNATURE