



Fraud, Waste and Mismanagement Complaint Form

(*) Required information

*Date: _____

PART I – Your Information*

Complete either A or B.

Your selection of the filing option below implies you have received the information and understand the choice you are making.

A. I choose to provide my complaint anonymously. **

****If anonymous, please skip to Part II.** Please keep in mind that your decision to elect anonymity may limit our ability to conduct an inquiry, if one is warranted, or to appropriately address your issue

B. I choose to identify myself for the complaint and:

I give permission for SPAWARSYSCEN Atlantic Hotline to release my identity outside the SPAWARSYSCEN Atlantic Hotline on a need-to-know basis.

I do NOT give permission to SPAWARSYSCEN Atlantic Hotline to provide my name and contact information outside the SPAWARSYSCEN Atlantic Hotline. I understand that in doing so, the SPAWARSYSCEN Atlantic IG may be unable to address my concerns.

**We will make every effort to protect your identity from disclosure, however, we cannot guarantee confidentiality since disclosure may be required or deducted during the course of the inquiry.

Prefix (Mr., Mrs., Ms., etc.) _____

*First Name _____ * Middle Name _____

*Last Name _____

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Any misuse or unauthorized disclosure may result in both civil and criminal penalties.



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(*) Required information

Organization/Location _____

Job Title/Series _____

*E-mail Address _____

*Mailing Address _____

*City _____ *State or APO _____ *Zip/Postal Code _____

Country _____ Home Telephone _____ Work Telephone _____

DSN _____

*Interview: Yes, I am willing to be interviewed. No, I do not want to be contacted.

PART II – Allegation Details

Use this section to clearly describe your complaint.

IDENTIFY THE Person(s) – WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name _____ Person's Middle Name _____

Person's Last Name _____

Where does this individual work? _____

Person's Status

- Military Active Duty
- Military National Guard
- Military – Reserves
- Civilian Employee
- Contractor Employee
- Non-Appropriated
- Retiree
- Other _____



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(*) Required information

We can best process your complaint if we receive accurate and complete information. Provide a summary of your complaint, to include an event chronology, if appropriate.

If your complaint involves contractor fraud, provide the names of the primary contractor, subcontractor, type of contract, contract number, order number, date of contract award, and name(s) of agency official(s) if known.

*What did the person(s) do or fail to do that was wrong? _____

*When did the incident(s) occur? _____
When were you made aware of the problem(s)? _____
Why do you think the incident took place? _____

*Where did the incident(s) take place? (please check one)
 Charleston National Capital Region Tidewater Hampton Roads
 Washington Navy Yard Tampa New Orleans Other _____

What rule, regulation, or law do you believe to have been violated? _____



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PART III – Other Actions You Are Taking

Please indicate in this section if you have filed your complaint with any other office, to include other Inspector General offices, and your Congress person. If you have contacted other entities, clearly identify the agency, office, or command, and provide your understanding of the current status of your matter. If you have received any responses from those office(s), provide our office with a copy.

*Have you reported this matter to any other organizations/agencies? Yes No

*If yes, which Organization / Agency? _____

*When _____

*What is the status of that complaint?

Open Under Investigation Closed Unknown

PART IV – Additional Document Submission

Submit this form along with supporting documentation to:

Commanding Officer
ATTN: Code 01100 (IG Hotline)
SPAWARSYSCEN Atlantic
P.O. Box 190022
North Charleston, SC 29419-9022

E-mail: SSCLANTHOTLINE.fcm@navy.mil

Fax: (843) 218-5576

***Make sure to print copies of the forms you submitted and keep for your records.**

PART V – Certifications

- *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 (18 U.S.C.§1001; Inspector General Act of 1978, As Amended, §7).
- *I have provided my election concerning my filing status in Part I of this form (Release of Identity, Non-Release of Identity, or Anonymous). If I did not provide my release election, I understand that this may cause a delay in the processing of my complaint. I further understand that if I have elected either confidential or anonymous status, it may impact the ability of the SPAWARSYSCEN ATLANTIC IG to either conduct an inquiry, if warranted, and/or to appropriately address my issues(s). I also understand that if I elect anonymity, without providing any contact information, I will be unable to request confirmation of receipt of this complaint, or to receive advisements as to open or closed status.
- *I understand that if the Inspector General determines the allegation(s) in my complaint cannot be investigated without disclosing my identity on a need-to-know basis to organizations outside SPAWARSYSCEN Atlantic, my lack of permission to release my identity may prevent further action from being taken on my complaint. I further understand that even if I elect confidential status, my identity may be disclosed, if required by applicable legal authority, or if the Inspector General determines that such disclosure is otherwise unavoidable.

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