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: Title 10, USC, Section 3020.

PRINCIPAL PURPOSE: To secure sufficient information to inquire 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 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. Department of Defense Blanket Routine Uses also apply.

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 / RANK	SSN	COMPONENT / STATUS

UNIT AND COMPLETE MILITARY ADDRESS	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. Have you discussed this issue with your chain of command? If so, Whom?

2. Have you asked any other agency to assist you? If so, What agency?

3. Who is your supervisor? Who is your Commander?

4. Are you a member of the U.S. Army? If so, What component? (Active, NG, USAR)

5. Please download this form and attach all documents that would assist in resolving this matter and FAX to 703-325-3184, DSN 221-3184 or mail to: DEPARTMENT OF THE ARMY
Human Resources Command
Office of the Inspector General
200 Stovall St. Rm 6N69
Alexandria, VA 22332-0402

I do ☐ I do not ☐ consent to release my personal information outside official channels in order to resolve the matters listed above. I understand that if I do not agree to release my personal information, 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 USC 1001).

DATE *(YYYYMMDD)*	SIGNATURE