



# Office of the Inspector General of the Intelligence Community

UNCLASSIFIED SUBMISSION ONLY

## External Review Panel Request Form

You have 60 calendar days after exhausting your agency's or department's review process and receiving the final written decision on your reprisal allegations to request further review by an External Review Panel (ERP). For additional regarding the ERP process, please visit [www.dni.gov/ICIG-Whistleblower](http://www.dni.gov/ICIG-Whistleblower).

I affirm that my submission, including any attachments, does not include classified information. If your submission, including any attachments, may contain **CLASSIFIED INFORMATION**, please contact the [IC IG HOTLINE](#) (Open: 855-731-3260 • Secure: 933-2800) to determine appropriate submission procedures.

### PART 1: YOUR INFORMATION

#### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**PURPOSE:** To obtain sufficient information to inquire into matters presented and to provide appropriate responses, referrals, or inquiries, where deemed appropriate.

**ROUTINE USES:** Information is used for official purposes within the Office of the Director of National Intelligence (ODNI) and the Office of the Inspector General (IC IG); to answer complaints or respond to requests for assistance, advice, or information; by Members of Congress and other government agencies when determined by the IC IG to be in the best interest of the Intelligence Community.

(\*) Required Information

#### 1. Contact information of person requesting External Review to the IC IG

Contact Information		Do not include classified information on this form.	
Prefix (Mr., Mrs., Ms., Rank, or Title)			
First Name*	Middle Name	Last Name*	
Mailing Address			
Telephone Number (Primary)			
Telephone Number (Secondary)			
Fax Number			
Email Address(es)*			
Primary:		Secondary:	



2. **Your Status\***

Select one, or enter your status if not listed.

Other:

Your position	Title	Series	Grade

3. **Your Agency or Employer\***

Choose one, or enter your agency/employer if not listed

Other:

4. **Do you have legal or other representation for this request?**

Yes (Please complete SECTION 4a)  
 No

SECTION 4a – Legal Representation Information:			
Name of Representative*			
Type of Representation	Legal	Other	
Notice of Representation (Attached)	Yes	No	
Mailing Address			
Telephone Number (Primary)			
Telephone Number (Secondary)			
Fax Number			
Email Address(es)*			
Primary:		Secondary:	



## PART 2: DETAILS OF YOUR REQUEST FOR EXTERNAL REVIEW

1. Please provide a summary of your protected disclosure(s) below. *If necessary, please continue on a second sheet of paper.*

Do not include classified information on this form.

Attachments:    Yes    No

Total Pages Attached:

2. Please identify the adverse personnel action or adverse action affecting security clearance, including dates, times, locations, and the person (s) who took the action or who made the threat of any such action.

Do not include classified information on this form.

3. Please describe how the reprisal allegations you are making are linked to your protected disclosure(s).

Do not include classified information on this form.



4. Please provide a brief summary of the final decision of the agency whose decision you are now seeking to have reviewed.

Do not include classified information on this form.

5. Please state the reason(s) why you are seeking an external review of the final agency decision regarding your reprisal allegations and identify any factual, legal, or procedural errors as your basis for the requested external review. *If necessary, please continue on a second sheet of paper.*

Do not include classified information on this form.

Attachments:    Yes    No

Total Pages Attached:



### PART 3: OTHER ACTIONS YOU ARE TAKING

Please indicate if you have filed your complaint with any other entity, including other Inspector General Offices, and/or Members of Congress. If you have contacted other entities, clearly identify the agency, office, or command, and provide your understanding of the current status of your matter.

1a. Have you reported this matter to any other organization(s)/agency(ies)?*				<input type="checkbox"/> Yes	<input type="checkbox"/> No
1b. If yes, which organization(s)/agency(ies)?					
1c. When did you report?					
1d. What is the status of the complaint?	<input type="checkbox"/> Open	<input type="checkbox"/> Under investigation	<input type="checkbox"/> Closed	<input type="checkbox"/> Unknown	

*If you have received any responses from those entity(ies), please provide copies.*

### PART 4: ADDITIONAL DOCUMENT SUBMISSION

1. I am submitting additional documents*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. The attached documents are UNCLASSIFIED*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do not include classified information. Contact the IC IG Hotline for guidance on how to submit a classified complaint.			
3. I will submit supporting documents by:	Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Fax

Total pages attached:



## PART 5: CERTIFICATION AND SIGNATURE

By signing below, you acknowledge the following:

\*I understand that in handling my request the IC IG will maintain the confidentiality of my identity as required by law. However, I understand the disclosure of my name outside of the IC IG will be necessary in order to fully investigate or take other appropriate official action on the allegations contained within my request for an external review.

\*I understand that in order to make an initial assessment of my case, the IC IG will request official records about me from other agencies, including but not limited to my home agency and any agency that investigated my claims.

\*I understand that if an ERP is convened, my information will be shared with other Offices of Inspector General as needed in order to carry out the responsibilities of the IC IG under [PPD-19, Section C and 50 U.S.C. §§ 3033 and 3236](#).

\*I understand that this form and any supporting documents transmitted to the IC IG will undergo classification review.

\*I certify that all of the statements made in this complaint (including any additional documents or continuation pages) are true, complete, and correct, to the best of my knowledge and belief. I understand that, pursuant to [18 U.S.C. § 1001](#), knowingly and willfully making a false statement or concealing a material fact in any matter within the jurisdiction of the Executive Branch, including the IC IG, is a criminal offense.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date