



# Office of the Inspector General of the Intelligence Community

UNCLASSIFIED SUBMISSION ONLY

## Complaint Intake Form

The Office of the Inspector General of the Intelligence Community (IC IG) is authorized to receive and investigate complaints or information from any person concerning the existence of an activity within the authorities and responsibilities of the Director of National Intelligence.

---

If you are making a disclosure pursuant to the Intelligence Community Whistleblower Protection Act (ICWPA) [50 U.S.C. § 3033\(k\)\(5\)](#), please visit the [IC IG Hotline webpage](#) for additional information and complete an [ICWPA Disclosure Form](#).

If you are requesting a review by an External Review Panel (ERP), please visit the [IC IG Hotline webpage](#) for additional information and complete the [ERP Form](#).

---

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: CONFIDENTIALITY NOTICE

#### (\* Required Information)

1. By selecting one of the following options below you acknowledge that you have read and understand the choice you are making. Your submission cannot be processed without you selecting one of the boxes below.\*

**WAIVE CONFIDENTIALITY.** By checking this box, I choose to waive confidentiality, and I give consent for the IC IG Hotline to release my identity outside the IC IG on a need-to-know basis. By waiving confidentiality, I understand that the IC IG can assist me and address the concerns that I raised. I also understand that there are legal authorities that generally prohibit retaliation against those who lawfully report alleged wrongdoing to the IC IG. More information about these legal protections is available at the IC IG website.

**CONFIDENTIALITY.** By checking this box, I choose to identify myself for purposes of making this submission, but *I DO NOT* give consent to the IC IG Hotline to provide my name and contact information outside the IC IG, except as required by law. I understand that the IC IG will not disclose my identity without my consent, unless the IC IG determines that such a disclosure is unavoidable during the course of an investigation, or the disclosure is made to an official of the Department of Justice responsible for determining whether a prosecution should be undertaken.

**ANONYMOUS.** By checking this box, I choose to submit my complaint or information anonymously. I understand choosing anonymity may limit the IC IG's ability to take appropriate steps to address the concerns that I have raised, including the ability for IC IG to contact me to obtain further information.



## PART 2: 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 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 Hotline Intake 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

Other:

Your position	Title	Series	Grade

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

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

Select

Other:



## PART 3: ALLEGATION DETAILS

1. I have knowledge of the information I am disclosing based on (check all that apply):

- Personal and/or direct knowledge of the incident
- What other individuals have told me about the incident
- Other source(s) (please explain):

2. What is the topic of your complaint(s)?\*

Select all that apply, or enter your topic if not listed.

Other:

3. Where did the incident(s) occur? Do not include classified information on this form.

Choose one, or enter the location if not listed.

Other:

4. When did you become aware of the incident(s)?

Do not include classified information on this form.



5. Identify the person(s) who you believe carried out the alleged wrongdoing.

Do not include classified information on this form.

	Person 1	Person 2	Person 3
Name			
Middle Name			
Last Name			
Title			
Status			
Other			
Agency			
Other			

6. Identify the person(s) who you believe witnessed the alleged wrongdoing.

Do not include classified information on this form.

	Witness 1	Witness 2	Witness 3
Name			
Middle Name			
Last Name			
Title			
Status			
Other			
Agency			
Other			
Phone Number			
Email Address			

7. How do you believe the IC IG can assist you?



8. Prepare a summary of the facts describing the incident(s).

Please avoid including opinions and/or speculation. Consider the following to help guide your narrative:

- What are the facts?
- Who is involved?
- When did it occur?
- Where did it happen?
- What, based on the above, is the violation of law, rule, or regulation; gross mismanagement; a gross waste of funds; an abuse of authority; or, a substantial and specific danger to public health or safety?
- What is the classification level of the information involved?

Do not include classified information on this form.



### PART 4: 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.

1. Have you reported this matter to any other organization(s)/agency(ies)?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If yes, which organization(s)/agency(ies)?		
3. When did you report?		
4. 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 written responses from those entity(ies), please provide copies.*

### PART 5: 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 on this form. Contact the IC IG Hotline for guidance on how to submit a classified complaint.		
3. I will submit supporting documents by:	<input type="checkbox"/> Email	<input type="checkbox"/> Mail
		<input type="checkbox"/> Fax

Total pages attached: \_\_\_\_\_

### PART 6: CERTIFICATION AND SIGNATURE

By signing below, you acknowledge the following:

\*I understand that, if warranted, 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  
*(Do not include your signature if you selected "anonymous" in Part 1.)*

Date