



# Office of the Inspector General of the Intelligence Community

UNCLASSIFIED SUBMISSION ONLY

## IC Whistleblower Protection Act Disclosure Form

The Office of the Inspector General of the Intelligence Community (IC IG) Center for Protected Disclosures, through the IC IG Hotline Program, receives and processes whistleblower complaints, to include disclosures pursuant to the *Intelligence Community Whistleblower Protection Act* (ICWPA) [50 U.S.C. § 3033\(k\)\(5\)](#) and 5 U.S.C. app. § 8H. The ICWPA is the lawful mechanism for Intelligence Community employees and contractors to disclose matters of “urgent concern” to the congressional intelligence committees, as defined by 50 U.S.C. § 3033(k)(5)(A). For additional information regarding ICWPA disclosure, please visit <https://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: BASIC ICWPA CRITERIA

(\*) Required Information

1. **Current Status\*** See [50 U.S.C. § 3003\(4\)](#) for the definition of “intelligence community”

- Employee of an element of the Intelligence Community.
- Employee assigned or detailed to an element of the Intelligence Community.
- Employee of a contractor to the Intelligence Community.
- Not an employee of the Intelligence Community or an employee of a contractor to the Intelligence Community. **STOP** and complete the [IC IG Complaint Intake Form](#), or contact your former agency Office of Inspector General or the Office of Special Counsel for information on making a disclosure.

2. **Do you intend to report a matter of urgent concern complaint to Congress pursuant to [50 U.S.C. § 3033\(k\)\(5\)](#)?**  Yes  No

3. **Please identify the type of urgent concern you are reporting (check all that apply).**

- A serious or flagrant problem, abuse, violation of law or Executive Order, or deficiency relating to the funding, administration, or operations of an intelligence activity of the Federal Government that is a matter of national security; and not a difference of opinion concerning public policy matters. **STOP** and contact the [IC IG Hotline](#) (855-731-3260) to determine appropriate submission procedures for disclosures containing **classified** information.
- A false statement to Congress, or a willful withholding from Congress, on an issue of material fact relating to the funding, administration, or operation of an intelligence activity.
- An action, including a personnel action described in section [2302\(a\)\(2\)\(A\) of Title 5](#), constituting reprisal or threat of reprisal prohibited under subsection(g)(3)(B) of this section in response to an employee reporting an urgent concern in accordance with this section.



PART 2 – 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 disclosure cannot be processed without you selecting one of the boxes below\*

[ ] WAIVE CONFIDENTIALITY. By checking this box, I choose to waive confidentiality, and 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.

PART 3: 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.

1. Contact Information of person making an “urgent concern” disclosure

(\*) Required Information. Do not include classified information on this form.

First Name*	Middle Name	Last Name*	
Full Mailing Address			
Telephone Number (Primary) <small>Indicate Best Time to Call</small>			
Telephone Number (Secondary)			
Email Address(es)*			
Primary:		Secondary:	
Your position	Title	Series	Grade



2. Your Agency or Employer\*

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

Select

Other:

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

Yes (Please complete SECTION 2a)

No

SECTION 2a – Legal Representation Information:			
Name of Representative*			
Type of Representation	<input type="checkbox"/> Legal	<input type="checkbox"/> Other	
Notice of Representation (Attached)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Mailing Address			
Telephone Number (Primary)			
Email Address(es)*			
Primary:		Secondary:	

PART 4: DETAILS OF YOUR DISCLOSURE

1. Please describe the matter of urgent concern that you are disclosing, indicating how the specific alleged wrongdoing fits within the urgent concern type(s) that you checked in Part 1, item 3. Be as specific as possible about dates, locations, and the identities and positions of all persons named. Your ability to succinctly identify the issue and supporting facts will assist in the processing of your disclosure. If necessary, please continue on a separate sheet of paper.

[Empty text area for disclosure details]

Attachments:  Yes  No

Total Pages Attached:



2. Please identify the U.S. Government department or agency involved in your disclosure.  
Choose one, or enter the department/agency if not listed.

Select

Other

3. Please identify the organizational unit of the department or agency involved in your disclosure.

### PART 5: 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 6: 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

**If no, 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
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Total pages attached:



## PART 7: CERTIFICATION AND SIGNATURE

By signing below, you acknowledge the following:

- \*I understand that in handling my disclosure, the IC IG shall not disclose my identity without my consent, unless the IC IG determines that such disclosure is unavoidable during the course of the investigation or the disclosure is made to an official of the Department of Justice responsible for determining whether a prosecution should be undertaken.

- \*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