



Office of the Inspector General of the Intelligence Community

REPORT OF FRAUD, WASTE, AND ABUSE **UNCLASSIFIED** INTAKE FORM

The Office of the Inspector General of the Intelligence Community (ICIG) Hotline and intake process provides a confidential means for Intelligence Community (IC) employees, contractors, and the public to report information concerning suspected fraud, waste, and abuse. Anyone can report his or her concerns to the ICIG.

Report to the Hotline if your allegation potentially involves:

- A criminal act,
- Administrative misconduct,
- Fraud, waste, abuse, or mismanagement in an Intelligence Community program or activity,
- An unauthorized disclosure of classified national security information, or
- An illegal intelligence activity.

If you are making an **“urgent concern” disclosure** pursuant to 50 U.S.C. § 3033(k)(5), please visit the [ICIG Hotline webpage](#) for additional information and complete an [Urgent Concern Disclosure Form](#).

If you are requesting a review by an **External Review Panel (ERP)** under Section C of [Presidential Policy Directive 19, Protecting Whistleblowers with Access to Classified Information](#), please visit the [ICIG 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 [ICIG 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.*

I choose to waive confidentiality and I give consent for the ICIG Hotline to release my identity outside the ICIG on a need-to-know basis. By waiving confidentiality, I understand that I may improve the ability of the ICIG to assist me and address the alleged wrongdoing. I understand that no action constituting a reprisal, or threat of reprisal, for making a complaint or disclosing information to the Inspector General may be taken by any employee in a position to take such action, unless the complaint or information was disclosed with the knowledge that it was false or with willful disregard for its truth or falsity.

I request confidentiality. I choose to identify myself for purposes of making this submission, but ***I DO NOT*** give consent to the ICIG Hotline to provide my name and contact information outside the ICIG, except as required by law. [Note: The ICIG will not disclose your identity without your consent, unless the 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.]

I choose to provide my complaint anonymously. I understand this may limit the ICIG’s ability to conduct an inquiry, if one is warranted, or to appropriately address the alleged wrongdoing. [Note: In the event the ICIG needs to contact you for additional information or clarification, please consider selecting one of the previous options to allow for follow-up contact.]



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 ICIG; to answer complaints or respond to requests for assistance, advice, or information; by Members of Congress and other government agencies when determined by the ICIG to be in the best interest of the Intelligence Community.

1. Contact Information (Do not complete this portion of the form if you selected "anonymous" in Part 1.)

Prefix (Mr., Mrs., Ms., Rank, or Title) _____

First Name* _____ Middle Name _____

Last Name* _____

Mailing Address _____

Telephone Number(s)* _____ (Primary)

_____ (Secondary)

Fax Number _____

Email Address(es)* _____

2. Your Status* Select one of the following options, or enter your status if not listed.

Select One

Other: _____

3. Your current position, title, series, and grade

4. Your Agency or Employer* Choose one of the following options, or enter your status if not listed.

Select One

Other: _____



PART 3 – ALLEGATION DETAILS

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

- I have personal and/or direct knowledge of the incident
- Other employees have told me about the incident
- Other source(s) (please explain) _____

2. What is the topic of your complaint(s)?* (Do not include classified information on this form.)

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



REPORT OF FRAUD, WASTE, AND ABUSE UNCLASSIFIED INTAKE FORM

4. When did you become aware of the incident(s)? (Do not include classified information on this form.)

**5. Identify the person(s) who committed the alleged wrongdoing.
(Do not include classified information on this form.)**

5a. Person's First Name _____	Person's Last Name _____
Person's Title _____	Where does this person work? _____
Person's Status _____	

5b. Person's First Name _____	Person's Last Name _____
Person's Title _____	Where does this person work? _____
Person's Status _____	

5c. Person's First Name _____	Person's Last Name _____
Person's Title _____	Where does this person work? _____
Person's Status _____	

**6. Identify the person(s) who witnessed the alleged wrongdoing.
(Do not include classified information on this form.)**

6a. Person's First Name _____	Person's Last Name _____
Person's Title _____	Where does this person work? _____
Person's Status _____	



REPORT OF FRAUD, WASTE, AND ABUSE **UNCLASSIFIED** INTAKE FORM

6b. Person's First Name _____ Person's Last Name _____
Person's Title _____ Where does this person work? _____
Person's Status _____

6c. Person's First Name _____ Person's Last Name _____
Person's Title _____ Where does this person work? _____
Person's Status _____

7. How do you believe the ICIG can assist you?

8. What do you believe is the violation of rule, regulation or law; gross mismanagement or gross waste of funds; abuse of authority; or, substantial and specific danger to public health or safety?



REPORT OF FRAUD, WASTE, AND ABUSE **UNCLASSIFIED** INTAKE FORM

9. **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)?*** Yes No
2. **If yes, which organization(s)/agency(ies)?** _____
3. **When did you report?** _____
4. **What is the status of the complaint?** Open Under Investigation Closed Unknown

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

PART 5 – ADDITIONAL DOCUMENT SUBMISSION (DO NOT ATTACH CLASSIFIED INFORMATION TO THIS FORM)

1. **I am submitting additional documents*** Yes No
2. **The attached documents are UNCLASSIFIED*** Yes No
If no, contact the ICIG Hotline for guidance on how to submit a classified complaint.
3. **I will submit supporting documents by** Email Mail Fax
4. **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 ICIG will undergo classification review in accordance with the *National Security Act of 1947*, 50 U.S.C. § 3001 *et seq.*
- *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 ICIG, is a criminal offense punishable by a fine of up to \$10,000.00, imprisonment for up to five (5) years, or both.

Signature

(Do not include your signature if you selected “anonymous” in Part 1.)

Date