

**INSPECTOR GENERAL  
INDIVIDUAL CONSULTATION SHEET**

DATE	NAME	RATE/GRADE/RANK
COMMAND/MAILING ADDRESS		BILLET/POSITION
SUBJECT		HAVE YOU BROUGHT THIS TO THE ATTENTION OF YOUR COMMANDING OFFICER? <input type="checkbox"/> YES <input type="checkbox"/> NO
		HAVE YOU FILED ANY FORM OF GRIEVANCE OR COMPLAINT? IF SO PLEASE SPECIFY. <input type="checkbox"/> YES <input type="checkbox"/> NO
DISCUSSION (In your own words, provide a brief account of the issue you wish to discuss with the inspector general. Use continuation sheets if necessary.)		
REQUESTED ACTION (if any)		
Signature	<input style="width: 100%; height: 20px;" type="text"/>	