Hotline Form

Complete, save, and email to CIWT_IGHotline@navy.mil.
For any questions, call (850) 452-6834 or DSN 459-6834.

Do you wish to remain anonymous?

☐ Yes (If yes, do not identify yourself below)

☐ No

If no, do you want confidentiality?

☐ Yes (If yes, identify yourself below. We will not release your name without your consent.)

☐ No

Are you willing to be interviewed?

☐ Yes

☐ No

First Name

Last Name

Mailing Address

Mailing Address Line 2

City

State

Zip Code

Home Phone (Area Code & number) (Include country code, if applicable)

Work Phone (Area Code & number) (Include DSN and/or country code, if applicable)

E-mail

Date of incident or situation (Provide dates and times or "Early 2016")

Where did the incident take place? (Location/Command)

Who is involved? Who performed the wrongdoing (subject)? Who are the witnesses? Include first and last names, rank/pay grade, and duty station/place of employment.

What did the subject do or fail to do that was wrong?

What rule, regulation or law do you think the subject(s) violated?

Why do you think the incident took place?

How have you tried to resolve the problem? Have you contacted your chain of command? Have you contacted your local Inspector General? Have you tried to resolve your complaint using an established process such as Bureau of Corrections of Naval Records, Informal Resolution System, EO/EEO or legal system?

What do you want the IG to do?

Additional information you wish to provide.