

CALIFORNIA MILITARY DEPARTMENT INSPECTOR GENERAL ACTION REQUEST

For use of this form, see CA ARNG 20-1; the proponent agency is the Office of The Inspector General.

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: 10 U.S.C 3013, Secretary of the Army; 10 U.S.C 3020, Inspector General Act of 1978 (Public Law, 95-452), as amended; DoDD 1030.1, Victim and Witness Assistance; AR 20-1, Inspector General Activities and Procedures.

PRINCIPAL PURPOSE To secure sufficient information to inquire into the matters presented and to provide a response to the requester(s) and/or take action to correct deficiencies.

ROUTINE USES: Information is used for official purposes within the Department of Defense; to answer complaints or respond to requests for assistance, advice, or information; by Members of Congress and other Government agencies when determined by The Inspector General to be in the best interest of the Army; and, in certain cases, in trial by courts-martial and other Military matters as authorized by the Uniform Code of Military Justice

DISCLOSURE: Voluntary, however, failure to provide complete information may hinder proper identification of the requester, accomplishment of the requested action(s), and response to the requester.

Last Name, First Name MI	Grade / Rank	Last 4 SSN	Component / Status
Unit and Complete Military Address (Point of Contact / Telephone if applicable)		Preferred Contact Telephone (Duty, Home and or Cell)	
Preferred Mailing Address (If different from Military address, include ZIP Code)		E-Mail Address (Optional)	

Specific Action Requested (What do you want the IG to do for you)

Information Pertaining to this Request (Background. Use additional sheets if necessary; list enclosures if applicable)

I do ☐ I do not ☐ consent to release my personal information outside of IG channels to the chain of command or other officials (but within State/DOD channels) in order to resolve the matters listed above. I understand that if i do not release my personal information, my request for assistance may go unresolved.

I do ☐ I do not ☐ consent to release the supporting documents I provided to the IG (to exclude this form) outside of IG Channels to the chain of command or other officials (but within State/DOD channels) in order to resolve the matters listed above. I understand that if I do not release my documents, my request for assistance may go unresolved.

This information is submitted for the basic purpose of requesting assistance, correcting injustices affecting the individual or eliminating conditions considered detrimental to the efficiency or reputation of the California Military Department. Those who knowingly and intentionally provide false statements on this form are subject to potential punitive and administrative action (CMVC).

Signature	Date (YYYY-MM-DD)
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