



Naval Information  
Warfare Systems  
Command

# Fraud, Waste, and Mismanagement Hotline Complaint Form

Date: \_\_\_\_\_

APPLICABILITY: This form is for reporting fraud, waste and mismanagement at Naval Information Warfare Systems Command (NAVWAR), Naval Information Warfare Center (NIWC) Pacific, and/or NIWC Atlantic.

## PART I – Your Information

### Complete either A or B.

Your selection of the filing option below implies you have received the information and understand the choice you are making.

A. ☐ I choose to provide my complaint anonymously. \*\*

**\*\*If anonymous, please skip to Part II.** Anonymous means that you do not provide verifiable identifying information. For example, anonymous@yahoo.com or similar email is considered anonymous. Your decision to elect anonymity may limit our ability to conduct an inquiry, if one is warranted, or to appropriately address your issue. Additionally, you will not be advised whether an investigation is or is not conducted and the outcome of any investigation.

B. ☐ I choose to identify myself for the complaint and:

☐ I give permission for the identified NAVWAR or NIWC Hotline(s) to release my identity outside the NAVWAR Hotline on a need-to-know basis (Known Complainant).

☐ I do **NOT** give permission to NAVWAR or NIWC Hotline(s) to provide my name and contact information outside the NAVWAR Hotline. I understand that in doing so, the applicable NAVWAR IG may be unable to address my concerns (Confidential Complainant).

*We will make every effort to protect your identity from disclosure, however, we cannot guarantee confidentiality since disclosure may be required during the course of the inquiry.*

Interview: ☐ Yes, I am willing to be interviewed. ☐ No, I do not want to be contacted.

Prefix (Mr., Mrs., Ms., etc.) \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Organization/Location: \_\_\_\_\_

Job Title/Series: \_\_\_\_\_

E-mail Address: \_\_\_\_\_



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Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State or APO: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Country: \_\_\_\_\_ Home/Cell Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

## PART II – Allegation Details

Use this section to clearly describe your complaint.

### A. IDENTIFY THE Person(s) – WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name: \_\_\_\_\_ Person's Middle Name: \_\_\_\_\_

Person's Last Name: \_\_\_\_\_

Person's Status: \_\_\_\_\_  
(Government Employee, Military, Contractor, or Civilian)

Where does this individual work? \_\_\_\_\_  
(Office code, location)

### B. IDENTIFY THE Person(s) – WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name: \_\_\_\_\_ Person's Middle Name: \_\_\_\_\_

Person's Last Name: \_\_\_\_\_

Person's Status: \_\_\_\_\_  
(Government Employee, Military, Contractor, or Civilian)

Where does this individual work? \_\_\_\_\_  
(Office code, location)

### C. IDENTIFY THE Person(s) – WHO COMMITTED THE ALLEGED WRONGDOING?

Person's First Name: \_\_\_\_\_ Person's Middle Name: \_\_\_\_\_

Person's Last Name: \_\_\_\_\_

Person's Status: \_\_\_\_\_  
(Government Employee, Military, Contractor, or Civilian)

Where does this individual work? \_\_\_\_\_  
(Office code, location)



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## (\*) Required information

We can best process your complaint if we receive accurate and complete information. Provide a summary of your complaint, to include an event chronology, if appropriate.

If your complaint involves contractor fraud, provide the names of the primary contractor, subcontractor, type of contract, contract number, order number, date of contract award, and name(s) of agency official(s) if known.

\*What did the person(s) do or fail to do that was wrong?

\*When did the incident(s) occur? \_\_\_\_\_

When were you made aware of the problem(s)? \_\_\_\_\_

Why do you think the incident took place?

\*Where did the incident(s) take place? \_\_\_\_\_  
(NAVWAR, NIWC Atlantic, NIWC Pacific, NSFA, Washington Navy Yard, Japan, New Orleans, Other)

What rule, regulation, or law do you believe to have been violated? \_\_\_\_\_



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\*How have you tried to resolve the problem?

\*Have you contacted your Chain of Command? What was done?

\*Briefly summarize how you believe our office can assist you regarding your matter.



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## PART III – Other Actions You Are Taking

Please indicate in this section if you have filed your complaint with any other office, to include other Inspector General offices, and/or your Congress person. If you have contacted other entities, clearly identify the agency, office, or command, and provide your understanding of the current status of your matter. If you have received any responses from those office(s), provide our office with a copy.

\*Have you reported this matter to any other organizations/agencies? ☐ Yes ☐ No

\*If yes, which Organization / Agency? \_\_\_\_\_

\*When \_\_\_\_\_

\*What is the status of that complaint? (Select one)

☐ Open ☐ Under Investigation ☐ Closed ☐ Unknown

## PART IV – Additional Document Submission

Do you have documentation to support your allegations? ☐ Yes ☐ No

**Submit this form along with supporting documentation to the following IG office as applicable:**

Commander  
ATTN: Code 01400 (IG Hotline)  
NAVWAR  
4301 Pacific Highway  
San Diego, CA 92110-3127  
Email: [navwarighotline.fct@us.navy.mil](mailto:navwarighotline.fct@us.navy.mil)  
FAX: (619) 524-7383

Commanding Officer  
ATTN: Code 00I00 (IG Hotline)  
NIWC Atlantic  
P.O. Box 190022  
North Charleston, SC 29419-9022  
Email: [niwc\\_lant\\_hotline.fct@us.navy.mil](mailto:niwc_lant_hotline.fct@us.navy.mil)

Commanding Officer  
ATTN: Code 00100 (IG Hotline)  
NIWC Pacific  
53560 Hull Street  
San Diego, CA 92152-5001  
Email: [niwc\\_pac\\_oig.fct@us.navy.mil](mailto:niwc_pac_oig.fct@us.navy.mil)  
FAX: (619) 553-2882

**\*Make sure to print or save copies of the forms you submit and keep for your records.**



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## PART V – Certifications

- ☐ \*I certify that all of the statements made in this complaint are true, complete, and correct, to the best of my knowledge. I understand that a false statement or concealment of a material fact is a criminal offense (18 U.S.C.§1001; Inspector General Act of 1978, As Amended, §7).
- ☐ \*I have provided my election concerning my filing status in Part I of this form (Release of Identity, Non-Release of Identity, or Anonymous). If I did not provide my release election, I understand that this may cause a delay in the processing of my complaint. I further understand that if I have elected either confidential or anonymous status, it may impact the ability of the IG to either conduct an inquiry, if warranted, and/or to appropriately address my issues(s). I also understand that if I elect anonymity, without providing any contact information, I will be unable to request confirmation of receipt of this complaint, or to receive advisements as to open or closed status.
- ☐ \*I understand that if the Inspector General determines the allegation(s) in my complaint cannot be investigated without disclosing my identity on a need-to-know basis to outside organizations, my lack of permission to release my identity may prevent further action from being taken on my complaint. I further understand that even if I elect confidential status, my identity may be disclosed, if required by applicable legal authority, or if the Inspector General determines that such disclosure is otherwise unavoidable.