INSPECTOR GENERAL ACTION REQUEST

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3020; Inspector General Act of 1978 (Pub.L. 95-452), as amended; E.O. 9397 (SSN).

PRINCIPAL PURPOSE: To secure sufficient information to inquire into the matters presented and to provide a response to the requestor(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. Department of Defense Blanket Routine Uses also apply.

DISCLOSURE OF THE SOCIAL SECURITY NUMBER AND OTHER PERSONAL INFORMATION IS VOLUNTARY. HOWEVER, FAILURE TO PROVIDE COMPLETE INFORMATION MAY HINDER PROPER IDENTIFICATION OF THE REQUESTOR, ACCOMPLISHMENT OF THE REQUESTED ACTION(S), AND RESPONSE TO THE REQUESTOR.

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE / RANK	SSN	COMPONENT / STATUS

UNIT AND COMPLETE MILITARY ADDRESS	PREFERRED CONTACT TELEPHONE *(Duty, home, and / or cell)*

PREFERRED MAILING ADDRESS *(If different from military address, including 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.)*

1. What is your status? M-day ADOS AGR Active Component Spouse Civilian Other:_____

2. Have you already contacted an IG on this issue? Yes or No Any past issues? Yes or No

3. Have you initiated a Congressional or Senate Inquiry? Yes or No If so, with whom:_____

4. Have you requested assistance from any other source or agency? Yes or No If so, with whom:_____

5. Have you given your chain of command an opportunity to address the problem? Yes or No

6. Who are the point of contacts at your unit and what are their phone numbers?

Commander:_____ PH#:_____ 1SG:_____ PH#:_____

Readiness NCO:_____ PH#:_____ Admin NCO:_____ PH#:_____

7. Do you have any supporting documentation? Yes or No If so, what:_____

On the continuation sheet, please describe all factual circumstances involving your complaint. Include dates, times, and names.

I do ☐ I do not ☐ consent to release my personal information outside of IG channels (but within DoD official channels) in order to resolve the matters listed above. I understand that if I do not agree to release my personal information, 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 Army. Those who knowingly and intentionally provide false statements on this form are subject to potential punitive and administrative action (UCMJ Art 107, 18 USC 1001).

SIGNATURE	DATE *(YYYYMMDD)*

CONTINUATION SHEET FROM IGAR DA FORM 1559

LAST NAME, FIRST NAME, MIDDLE INITIAL: _____

DESCRIPTION OF ALL FACTUAL CIRCUMSTANCES INVOLVING COMPLAINT:

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CONTINUATION SHEET FROM IGAR DA FORM 1559

LAST NAME, FIRST NAME, MIDDLE INITIAL: _____

DESCRIPTION OF ALL FACTUAL CIRCUMSTANCES INVOLVING COMPLAINT:

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