

INSPECTOR GENERAL ACTION REQUEST

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

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, USC, Section 3039.

PRINCIPAL PURPOSE: To secure sufficient information to make inquiry 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 and Auditor General to be in the best interest of the Army; and in certain cases in trial by court martial other military matters as authorized by the Uniform Code of Military Justice.

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

SSN

DUTY TELEPHONE

COMPLETE PRESENT MILITARY ADDRESS *(If no military address, state current civilian address, including Zip Code.)*

SPECIFIC ACTION REQUESTED

INFORMATION PERTAINING TO THIS REQUEST *(Use additional sheets if necessary; list inclosures if applicable.)*

This information is submitted for the basic purpose of requesting assistance, correcting injustices affecting individual, or eliminating conditions considered detrimental to the efficiency or reputation of the Army. I fully understand that I may be held accountable for any statements which are proved to be knowingly untruthful.

DATE (YYYYMMDD)

SIGNATURE

THIS SIDE FOR USE BY INSPECTOR GENERAL

(When completed, this form becomes an official communication in accordance with AR 20-1.)

*ORIG: *CASENO: *OPENENDATE:

SUSPENSE *CASENAME:

CASENAMETYPED: SSN: *HOME CMD:

HOME UNIT: _____

*RECIPIENT: _____ RECEIPTMODE: _____

*CASESTATUS: _____ *SOURCE: _____

*SUBJECT: *COMPONENT: _____

*CASETYPE: _____ INSPGENL:

TIMEAO: TIMETOTAL: *GRADE: *RACE:

*GENDER (M/F/U) SPECIALTY: ACKNOWLEDGE:

NOTIFICATIONDATE: *CLOSEDATE:

*FUNCTION *AGCMDAGN *DETER AGAINSTUNIT _____

UNITTYPE USERCODE *LIFE CYCLE *RESOURCE _____

* SYNOPSIS (Enter case summary, facts determined, action taken):

*Indicates a Required Data Element.