



DEPARTMENT OF DEFENSE EDUCATION ACTIVITY

**DoDEA Investigations and Internal Review Division (I&IR) Action Request Form**

**Part 1: Read before filing.**

**Privacy Warning:** We cannot guarantee your complete privacy when you use this form because transmissions via the internet cannot be completely protected from unauthorized attempts to access information.

**False Official Statement Warning:** It is a crime to knowingly make a false, fictitious, or fraudulent statement or representation of material fact to induce government action. Knowing omission of a material fact also is a crime (18 U.S.C. Section § 1001).

**Authorities:** DoD Instruction 7050.1, "Defense Hotline Program," October 17, 2017

**Part 2: Your information.**

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

I choose to identify myself for the complaint.

I give permission for DoDEA to release my identity outside of DoDEA I&IR Division on a need to know basis.

I do **NOT** give permission to DoDEA to provide my name and contact information outside of DoDEA I&IR Division. I understand that in doing so DoDEA may be unable to address my concerns.

No, I wish to remain anonymous and **have not** provided you with contact information.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_ Duty Station: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
Country: \_\_\_\_\_ State or APO: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Interview Yes, I am willing to be interviewed. No, I do not want to be contacted.

**Part 3: Allegation Details.**

Use this section to clearly describe your complaint. If you need additional space, send additional page(s) to the email address found on page 6 below.

**Identify the Person who committed the alleged wrongdoing.**

Person #1 First and Last Name:

Person #1 Position:

Where does this individual work?

*Form continued on the following page.*

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What did person #1 do or fail to do that was wrong?

What rule, regulation, or law do you think person #1 violated?

Person #2 First and Last Name:

Person #2 Position:

Where does this individual work?

What did person #2 fail to do that was wrong?

What rule, regulation, or law do you think person #2 violated?

When did the incident occur?

*Form continued on the following page.*

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When were you made aware of the incident?

Where did the incident take place?

Complete name of witness #1

Email address:

Complete name of witness #2

Email address:

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### Part 4: Describe your actions to date.

Have you contacted your supervisory chain of command?

Yes          No

If yes, identify the command and the current status of the matter.

Have you contacted an Inspector General (IG)?

Yes          No

If yes, identify the IG and the current status of the matter.

Have you tried to resolve your complaint using an established process such as EEO, Union, or legal system?

Yes          No

If yes, identify the agency or office and the current status.

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### Part 5: Additional information.

Briefly summarize how you believe this office can assist you regarding your matter.

Provide any additional information that might be relevant to your matter.

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### Part 6: Form certification and submittal.

By submitting this form, you certify that all the statements made in this complaint (including continuation pages and addendum) are true, complete, and correct, to the best of your knowledge. You understand that a false statement or concealment of a material fact is a criminal offense (18 U.S.C. Section § 1001).

**Once submitted, any additional documentation may be emailed to [HQOI-IR@dodea.edu](mailto:HQOI-IR@dodea.edu).**

*Thank you for bringing this matter to our attention.*

**dodea**

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