

CALIFORNIA MILITARY DEPARTMENT INSPECTOR GENERAL ACTION REQUEST

For use of this form, see AR 20-1 and CMVC Section 11180 and 11182

Print this form - When completed, mail it to: Military Department IG, 9800 Goethe Road, Box 62, Sacramento, CA 95826

Authority: CMVC, Section 11180 and 11182; Title 10, USC, Section 3020; CARNG Regulation 20-1/CAANG Instruction 90-201, Army Regulation 20-1

Principal Purpose: To secure sufficient information to make inquiries into the matters presented and to provide a response to the requestor (s) and/or take actions to correct deficiencies.

Routine Uses: Information is used for official purposes within the Military Department; to answer complaints or respond to requests for assistance, advise or information; by elected officials and other Government agencies when, determined by the Military Department Inspector General to be in the best interest of the California Military Department; and in certain cases, in other State Military Department matters as authorized by the California Military and Veterans Code (CMVC).

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	SSN	Rank/Grade	Component/Status
Unit	SAD/SCS Position (if applicable)	Email	

Preferred Mailing Address (including Zip Code):

Preferred Contact Telephone Home: Cell: Duty:

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

Information Pertaining to This Request (Use additional sheets if necessary; list enclosures if applicable):

1. What is your Status?
2. Have you already contacted an IG on this issue? Any past Issues?
3. Have you initiated a Congressional or Senate Inquiry? If so, with whom?
4. Have you requested assistance from any other source or agency? If so, who?
5. Does your complaint involve classified information?
6. Have you given you Chain of Command an opportunity to address the problem?
7. Who are the Points of Contact at your unit/section?

Commander/Director: _____ PH#: _____

First Sergeant: _____ PH#: _____

Supervisor/Platoon Sergeant: _____ PH#: _____

If you have supporting documentation for your case please attach to this form when submitting.

I do do not consent to the release of my personal information outside 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, or eliminating conditions considered detrimental to the efficiency or reputation of the California Military Department. I fully understand that I may be held accountable for any statements which are proved to be knowingly untruthful.

Date	Signature
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