

# Reprisal / Restriction Complaint

## NOTIFICATION

Version date: 20220324.1

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**Full Name and Rank of the Complainant**
**Service Case #****D-CATS Case # (if known)**


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**Complainant's Duty Position**


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**Applicable Statute****Classification Level of Complaint Material**

Only put UNCLASSIFIED  
information on this form

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**1. General Information****Date Allegation Filed  
with an IG****Source****If COCOM, Defense Agency, or Other, specify****Date Complainant Completed Service/Agency Intake****Component Handling Priority****2. Complaint Information**

Complaint Description: [Summarize what happened; identifying who, by name rank, duty position, and unit designation; did what to whom; and why the Complainant believes an action was taken or threatened in reprisal or they were restricted from communicating with an IG or Member of Congress. Define all acronyms.

**Attach a copy of the entire original complaint and all supporting information.]**

CUI data  
(Enter your  
Organizational  
Information)

WARNING: INSPECTOR GENERAL SENSITIVE INFORMATION - CUI. The information contained in this report and any accompanying attachments may contain sensitive information which is protected from mandatory disclosure under the Freedom of Information Act (FOIA), 5 U.S.C. 552. This report, including any attachments, is for the sole use of the intended recipient(s) and should not be released to unauthorized persons. If you are not the intended recipient please contact the sender by e-mail and destroy all copies of the original message and attachments.

**3. Complainant Information at Time of Events**

Name (Last, First, MI):

Duty Title and Rank:

Location (Unit and Base):

Component/Service:

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**4. Subject Information at Time of Events**

(List primary Subjects)

Name (Last, First, MI):

Duty Title and Rank:

Component/Service:

Relationship to Complainant:

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Name (Last, First, MI):

Duty Title and Rank:

Component/Service:

Relationship to Complainant:

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Name (Last, First, MI):

Duty Title and Rank:

Component/Service:

Relationship to Complainant:

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Name (Last, First, MI):

Duty Title and Rank:

Component/Service:

Relationship to Complainant:

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Name (Last, First, MI):

Duty Title and Rank:

Component/Service:

Relationship to Complainant:

Additional Subjects:

If Yes, add additional Subjects in Comments

**5. Clarifying Remarks:** [Spell out **acronyms**, list additional **Complainants**, **Subjects**, or other appropriate **comments**]

**6. Notifying IG**

Name (Last, First, MI):

Rank/Organization:

E-Mail Address:

Phone Number:

**7. Service / Agency IG**    Date Service / Agency IG sent notification to DoD OIG:

Note: This form is designed for use and submission as a "live" form; it should not be printed or saved as a PDF. Submission as a live form facilitates review and documentation at DoD OIG, WRI. Should circumstances require you to print the form, since the text boxes do not expand when printed, use continuation sheets for any text or information not visible when printed.

**Remember to define all terms, acronyms, unit designations, duty positions, and Service specific jargon.**