

**UNITED STATES ARMY CADET CORPS  
INSPECTOR GENERAL ACTION REQUEST**

For use of this form, see ACR 20-1; the proponent directorate is the Office of The Inspector General

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** ACR 20-1, Inspector General Activities and Procedures.

**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 U. S. Army Cadet Corps; to answer complaints or respond to requests for assistance, advice or information.

**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

STATUS

☐ CADET ☐ OFFICER ☐ PARENT ☐ OTHER

UNIT NAME AND COMPLETE UNIT ADDRESS

PREFERRED CONTACT TELEPHONE (Home, cell and/or work)

PREFERRED MAILING ADDRESS (If different from unit 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.)

I do ☐ I do not ☐ consent to release my personal information [except for SSN] outside official channels, if needed, 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.  
NOTE: Personal information of Cadets and Recruits will never be released.

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 United States Army Cadet Corps. Those who knowingly and intentionally provide false statements on this form are subject to potential membership administrative action.

DATE (YYYYMMDD)

SIGNATURE