INSPECTOR GENERAL ACTION REQUEST							
For use of this form, see AR 20-1; the proponent agency is the Office of The Inspector General.							
	DATA REQ	UIRED BY THE PRIN	ACY ACT OF 197	4			
AUTHORITY:	10 U.S.C 3013, Secretary of the Army; 10 U.S.C 3020, Inspector General Act of 1978 (Public Law, 95-452), as amended; DoDD 1030.1, Victim and Witness Assistance; AR 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 requester(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 to be in the best interest of the Army; and, in certain cases, in trial by courts-martial and other Military matters as authorized by the Uniform Code of Military Justice.						
DISCLOSURE:		ary, however, failure to provide complete information may hinder proper identification of the requester, accomplishment of quested action(s), and response to the requester.					
SORN:	A0020-1 SAIG, Inspector General Re	ecords (January 11, 20	2002, 67 FR 1447)				
LAST, FIRST, MIDDLE INITIA	AL	GRADE / RANK	DOD ID	(COMPONENT / STATUS		
UNIT AND COMPLETE MILIT	TARY ADDRESS (Point of Contact/Telep	hone if applicable)	PREFERRED CONT	TACT TELEPHON	NE (Duty, home, and / or cell)		
PREFERRED MAILING ADD	RESS (If different from military address,	including ZIP Code)	E-MAIL ADDRESS ((Optional)			
NFORMATION PERTAINING	G TO THIS REQUEST (Background. Use	e additional sheets if nec	essary; list enclosures	s if applicable.)			
	consent to release my personal information outside of IG channels to the chain of command or other officials (but within DoD solve the matters listed above. I understand that if I do not release my personal information, my request for assistance may go						
I do I I do not consent to release the supporting documents I provided to the IG (to exclude this DA Form) outside of IG channels to the chain of command or other officials (but within DoD channels) in order to resolve the matters listed above. I understand that if I do not release my documents, my request for assistance may go unresolved.							
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 Army. Those who knowingly and intentionally provide false statements on this form are subject to potential punitive and administrative action (UCMJ Art 107, 18 U.S.C 1001).							
SIGNATURE				DATE (YYYYMM	(IDD)		

INFORMATION PERTAINING TO THIS REQUEST (Continued)		
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