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| **IG PERSONAL AND FRAUD, WASTE & ABUSE COMPLAINT REGISTRATION** | | | | | | | | | | | | |
| **AUTHORITY**: CAP Regulation 20-2, *Complaints*  **PRINCIPAL PURPOSE:** To register a personal complaint relating to individual injustices or suspected Fraud, Waste and Abuse  **ROUTINE USE(S)**: Data provided are furnished to a commander or inspector general for resolution of complaints and/or to eliminate conditions considered detrimental to the efficiency or reputation of Civil Air Patrol. A member's use of the procedures set forth in this regulation will be free from retribution or reprisal by any other member. However, CAP members understand that when submitting complaints, they are making official statements within CAP channels. Therefore, CAP members may receive administrative or disciplinary action under appropriate CAP regulations for knowingly making false statements.  DISCLUSURE: Failure to provide the information will not adversely affect the resolution of your complaint, but may delay the investigating officer in addressing the issue. | | | | | | | | | | | | |
| **SECTION I - TO BE COMPLETED BY COMPLAINANT** | | | | | | | | | | | | |
| NAME *(Last, First, Middle Initial)* | | | | | | CAPID | | Have you informed your commander of your problem? | | | | |
|  | | | | | |  | | Yes  No | | | | |
| ADDRESS *(Where response to this complaint will be sent)* | | | | | | | Home Telephone No. | | | | Work Telephone No. | |
|  | | | | | | |  | | | |  | |
| E-mail Address | | | | | |
|  | | | | | |
| Names, Contact Information and/or Positions of Witnesses *(Or others having knowledge of your allegations. Continue on reverse, if needed.)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Description of Allegations: (Continue on separate sheet if required.) (*Please number each allegation and state who, what where, when, and how.)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| What CAP Regulations do you believe were violated? (*Please list regulation title and regulation number)* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Signature of Complainant | | | | | | | | | | Date | | |
|  | | | | | | | | | |  | | |
| **SECTION II - TO BE COMPLETED BY INSPECTOR GENERAL STAFF** | | | | | | | | | | | | |
| EIM Ref. No | | Date Opened | | Date Finalized | Total Processing Days | | | | No. of Times this Person's Complaint Addressed | | | |
|  | |  | |  |  | | | |  | | | |
| **COMPLAINANT STATUS** Senior Member  Cadet Member  Parent/Guardian  Anonymous  Other | | | | | | | | | | | | |
| **SPECIAL INTERST COMPLAINTS**  Reprisal  Senior Official  FWA Other | | | | | | | | | | | | |
| **GRIEVANCE CHANNEL**  IG  CAP hotline  Congressional | | | | | | | | | | | | |
| **FIVE MOST SIGNIFICANT ALLEGATIONS** | | | | | | | | | | | | |
| Complaint Category | | | | | | | | | | | | Action\* |
| 1 | Allegation of | | Waste  Fraud  Abuse(s)  Cadet Abuse  Violation of CAP Regulations | | | | | | | | |  |
| 2 | Allegation of | | Waste  Fraud  Abuse(s)  Cadet Abuse  Violation of CAP Regulations | | | | | | | | |  |
| 3 | Allegation of | | Waste  Fraud  Abuse(s)  Cadet Abuse  Violation of CAP Regulations | | | | | | | | |  |
| 4 | Allegation of | | Waste  Fraud  Abuse(s)  Cadet Abuse  Violation of CAP Regulations | | | | | | | | |  |
| 5 | Allegation of | | Waste  Fraud  Abuse(s)  Cadet Abuse  Violation of CAP Regulations | | | | | | | | |  |
| \*ACTION CODES: S=Substantiated N=Not Substantiated D=Dismissed A=Assistance T=Transferred R=Referred | | | | | | | | | | | | |

CAP FORM 20, Feb 18 Previous Editions may be Not be Used OPR/ROUTING: IGQ