

INSPECTOR GENERAL ACTION REQUEST

For use of this form, see OHMR Reg. 20-1; the proponent agency is the Office of the Inspector General.

DATA REQUIRED BY THE PRIVACY ACT OF 1974 & OHIO'S PERSONAL INFORMATION SYSTEMS ACT

AUTHORITY: ORC Chapter 1347 & §§ 121.45, 124.341, 5923.13, 5923.28, 5923.34, EO # 93-012-V.

PRINCIPAL PURPOSE: To secure sufficient information to make inquiry 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 Adjutant General's Department; to answer complaints or to respond to requests for assistance, advice or information; by members of the General Assembly and other Government agencies when determined by the Inspector General to be in the best interest of the OHMR, or as required by law; and in certain cases in trial by court martial or other military matters as authorized by the Ohio Code of Military Justice. Personal information herein that would identify the requestor is not public record, as this form is a "security record," per ORC § 149.433.

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	RANK/GRADE	SSN	TELEPHONE #
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COMPLETE PRESENT ADDRESS (state current civilian address, including Zip Code.)	E-MAIL:
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CURRENT UNIT OF REQUESTER: DUTY ASSIGNMENT: DATE OF ASSIGNMENT:	LOCATION: COMMANDER:
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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.)

Who else have you asked for help and when?

Is your chain of command aware of the problem? YES / NO Describe:

Do you have any supporting documents to submit? YES / NO Describe:

This information is submitted for the basic purpose of requesting assistance, correcting injustices affecting individuals, or eliminating conditions considered detrimental to the efficiency or reputation of the OHMR. 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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