



SPECIAL INSPECTOR GENERAL FOR
AFGHANISTAN RECONSTRUCTION

SIGAR HOTLINE: REPORT FRAUD, WASTE, OR ABUSE

PRIVACY ACT STATEMENT

PURPOSE: Information is collected to determine proper proceedings for referrals, responses, or further inquiries into allegations of fraud, waste, and abuse in Afghanistan reconstruction.

ROUTINE USES: Information is be used in official business pursuant to U.S.C. 552a(b)3 for general and investigative purposes to address submitted allegations. Information will be provided to the appropriate internal, federal, state, local, tribal or other authoritative parties for the purpose of an investigation, settlement of claims, or the conduct of litigation.

AUTHORITY: Pub. L. No. 110-181, Sections 1229 and 842, National Defense Authorizations Act for Fiscal Year 2008; 5 U.S.C. App. 3, Inspector General Act of 1978, as amended; and 5 U.S.C. § 301, Government Organization and Employees.

DISCLOSURES: Disclosures of information is voluntary; withholding requested information will impede further actions to evaluate and respond to the submission.

Report Fraud, Waste, and Abuse

We need your help to recover stolen or wasted U.S. funds earmarked for the reconstruction of Afghanistan. Please contact us if you know of fraud, waste, and abuse.

How to Submit a Complaint:

Please detail your complaint using the form below. Written complaints and additional supporting documentation may be mailed to:

SIGAR Hotline
2530 Crystal Drive
Arlington, VA 22202-3940

Complaints may also be submitted by email or phone:

Email:
sigar.hotline@mail.mil

Afghanistan Phone:
070-010-7300
318-449-3020 x7300 (DSN)

SECTION I - COMPLAINT FORM PREFERENCES

1. Do you want to remain anonymous? Yes No
2. Do you want confidentiality? Yes No
3. Would you like to be contacted? Yes No
4. Are you willing to be interviewed? Yes No
5. How did you hear about the Hotline?

SECTION II - CONTACT INFORMATION

6. Your contact information:

| Last Name: | Middle Initial: | First Name: |
|------------|-----------------|-------------|
| | | |

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|----------------------------|--|
| Organization: | |
| Mailing Address Street: | |
| City: | |
| State: | |
| Zip: | |
| Country: | |
| Work Telephone: | |
| Home Telephone: | |
| E-mail Address: | |

SECTION III - COMPLAINT

7. What is your complaint?
(Who, What, when, Where, Why, and How)

8. What other action have you taken regarding this complaint?
(Who, What, When, Where, Why, and How)