



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO  
BUMEDINST 5041.6  
BUMED-M00IG  
25 Jul 2011

BUMED INSTRUCTION 5041.6

From: Chief, Bureau of Medicine and Surgery

Subj: NAVY MEDICINE HOTLINE PROGRAM

Ref: (a) See enclosure (1) for list of references

Encl: (1) References (a) through (o)  
(2) Budget Submitting Office 18 Commands with Inspector General Responsibilities  
(3) Military Whistleblower Reprisal Complaint Intake Format  
(4) Improper Mental Health Evaluation Referral Intake Format  
(5) Military Whistleblower Reprisal/Improper Mental Health Evaluation Notification Letter Template  
(6) Hotline Staffing Requirements  
(7) Complaint Type Table  
(8) Department of Defense/Navy Hotline Completion Report Template  
(9) Post Investigation Checklist  
(10) Hotline Progress Report Template  
(11) Fraud Referral Intake Template  
(12) Case File Checklist  
(13) Acronyms

1. Purpose

a. To implement the provisions of references (a) and (b) throughout Budget Submitting Office (BSO)-18 and clarify responsibilities for the operation of the Navy Medicine (NAVMED) Hotline Program. Enclosure (1) is a list of references used in this instruction.

b. To effectively organize the NAVMED Hotline Program and to reaffirm NAVMED commitment to investigating Hotline complaints in a professional and timely manner. This instruction requires the establishment of dedicated functions/responsibilities at all BSO-18 commands listed in enclosure (2). In addition, it establishes specific staffing, training, investigative, and quality assurance procedures for all personnel performing Inspector General (IG) functions throughout BSO-18. This is a complete revision and should be read in its entirety.

2. Cancellation. BUMEDINST 5370.3.

3. Scope. Applies to Bureau of Medicine and Surgery (BUMED) and BSO-18 commands.

4. Definitions

a. Inquiry. Any form of examination into a matter, including audit, investigation, inspection, examination, or other types of review such as area visits and surveys, that is part of a fact finding process in response to higher authority, NAVMED Hotline Program, Hotline call/e-mail, or Hotline referral.

b. Investigation. Any form of examination into specific allegations of wrongdoing. Reference (c) provides guidelines for conducting investigations.

c. Hotline. The purpose of the NAVMED Hotline Program is to receive allegations of fraud, waste, and mismanagement when the chain of command has been unresponsive or when the complainant fears reprisal resulting from the submission of his or her allegations. Mechanisms can include manned or unmanned local and toll free telephone numbers, Web site hotline submission forms, e-mail, or fax numbers.

d. IG Network. A communication mechanism and technical chain of command comprised of all Department of the Navy (DON) personnel who perform an IG function as part of their regular or recurring duties at any level. Naval Audit Service (NAVAUDSVC) and Naval Criminal Investigative Service (NCIS) personnel conducting inquiries in support of a Department of Defense (DoD), DON, or NAVMED Hotline Program are members of the network for the limited purpose and duration of that inquiry. The network also includes any other DON personnel who are tasked to conduct an inquiry on a one-time basis during the course of their performance of that inquiry.

e. Naval Inspector General Hotline Tracking System (NIGHTS). Until 1 January 2008, hotline data was separately collected by all Navy Inspector General (NAVIG) organizations. NIGHTS became the primary collection tool as of 1 January 2008 for IGs at all levels, and is designed to assist IGs track, manage, and analyze IG data in support of commanders at all levels. Case management and trend analysis are the primary objectives. NIGHTS stores complaint data in a centralized repository which is accessible entirely through the World Wide Web for approved users. NIGHTS provides an intuitive, tab-orientated user interface, coupled with efficient navigation. It allows IGs to proactively manage cases using a transaction based approach. Through notifications, the user is able to manage, monitor, and react to urgent issues from case inception to final resolution. In order to gain access to NIGHTS, in accordance with reference (d), the IG representative must first complete the Navy Knowledge Online (NKO) Basic IG Training course (Course ID: OIG-NIGI-1.0). They must submit a copy of their certificate of completion and a completed OPNAV 5239/14, System Authorization Access Request Navy (SAAR-N) to the Medical Inspector General (MEDINSGEN) via the Regional IG.

f. Senior Official. Active duty, retired, Reserve, or National Guard military officers in grades O-7 and above, or selected for promotion to grade O-7; current and former members of the Senior Executive Service; other current and former DoD civilian employees whose positions

are deemed equivalent to that of a member of the Senior Executive Service (e.g., Defense Intelligence Senior Executive Service employees, senior-level employees, and non-appropriated fund senior executives); and current and former Presidential appointees.

5. Background. The NAVMED Hotline Program is designed to strengthen and focus efforts to combat fraud, waste, and mismanagement throughout BSO-18 by providing an alternative to the normal chain of command. The IG process is of fundamental importance in combating fraud, waste, and mismanagement for it gives voice to all members of the NAVMED team and assurances that their concerns will be heard, considered, and appropriately addressed. This is a significant strength in our system.

6. Policy

a. All investigations will be conducted in accordance with the provisions of references (a) through (n) and this instruction.

b. NAVMED shall demand and enforce the highest ethical standards from its members, fairly and efficiently manage its resources and people, and exercise a fiduciary responsibility over the taxpayers' dollars. It is NAVMED policy to encourage the identification of problems in these areas and to swiftly correct them. The NAVMED Hotline Program is designed to eliminate fraud, waste, and mismanagement by identifying problems and potential solutions.

c. References (a) and (b) require military and civilian personnel to report concerns of suspected wrongdoing through their chain of command. This is the preferred mechanism because it reinforces the primacy of the chain of command and allows problems to be addressed at the lowest level of command. The NAVMED Hotline Program provides an alternative to the chain of command when a complainant believes the chain of command has been unresponsive or reasonably fears reprisal. This provides an unbiased, impartial approach to address these issues and ensures that they are properly evaluated, investigated and, when necessary, corrected by responsible authorities.

d. MEDINSGEN personnel will respond to substantive allegations of fraud, waste, and mismanagement in a timely and impartial manner, pursue corrective measures in accordance with applicable laws, regulations, directives, and instructions, and report the result of such investigations to the appropriate authorities. Unless specifically authorized by the complainant, MEDINSGEN personnel will protect the confidentiality of the complainant within the IG Network at all stages of the Hotline process except when the identification of the complainant is required by law or judicial order. When corrective action is required, commanders, commanding officers (COs), and officers in charge (OICs) responsible for enforcing accountability within their respective activity shall have access to copies of MEDINSGEN reports and supporting documents when the investigation is complete.

## 7. Responsibilities

a. The Under Secretary of the Navy is responsible for implementing the DoD and DON Hotline Programs throughout DON. As the senior advisor to the Chief, BUMED on investigations, the MEDINSGEN will lead efforts in executing these responsibilities within NAVMED and is hereby designated the NAVMED Hotline Coordinator required by reference (a).

b. Echelon 3 and 4 commands shall ensure prompt, responsible, and impartial processing of Hotline allegations tasked by MEDINSGEN. Additionally, each command listed in enclosure (2) shall establish its own Hotline Program for the direct receipt of complaints at its level and develop the required program to properly handle incoming Hotline complaints. All other commands and echelons will establish a clear method to handle and process Hotline complaints up their respective chain of command. Hotlines established pursuant to this paragraph shall be considered part of the IG Network, shall be subject to oversight, monitoring, and review by MEDINSGEN, and shall adhere to the requirements of references (a) and (b) and this instruction.

c. The MEDINSGEN is authorized to task any BSO-18 command or activity with conducting an inquiry or providing assistance during an inquiry.

d. NAVMED's Hotline Program, mandated by references (a) and (b), requires all BSO-18 activities to support the availability of the Hotline Program. Commands must make every effort to maximize the talents of all of their members, correct systemic problems, and take appropriate corrective or disciplinary measures against those who abuse the system. The Hotline Program is a valuable asset in reaching this goal. All BSO-18 activities shall assist the MEDINSGEN in inquiring into issues raised in the Hotline process and shall take corrective measures whenever appropriate.

e. Sharing assets throughout NAVMED is essential in resolving Hotline complaints. The MEDINSGEN may request assistance from other DON activities when necessary to resolve Hotline issues.

f. Any IG representative is authorized to receive Military Whistle Blower Protection Act (MWB) 10 U.S.C. § 1034 and improper mental health evaluation (MHE) complaints using the formats outlined in enclosures (3) and (4). Only Echelon 2 IGs are authorized to process and initiate inquiries and/or investigations related to MWB and improper MHE complaints, in accordance with references (e) through (g). Once a lower Echelon IG receives one of these complaints, they must immediately notify the MEDINSGEN via their MEDINSGEN Regional IG. The Regional IG/Hotline Program Coordinator receiving the complaint will open a case in NIGHTS, upload the complaint and all supporting documentation, and transfer the case to the MEDINSGEN. The MEDINSGEN will conduct a clarifying telephone interview ensuring enclosure (2) of reference (d) and NAVMED 5041/2, Rights Acknowledgement/Election Format Military Whistleblower Protection Act (10 U.S.C. 1034) Acknowledgement of Rights and Election of Investigative Procedures is completed and forward a notification letter to the NAVIG, enclosure (5), within 5 working days.

g. Allegations of misconduct other than MWB or improper MHE that identify a CO as the subject must be reported to the MEDINSGEN on the day of receipt. Only the Echelon 2 IG will process these complaints. Allegations of misconduct against an executive officer, and/or Command Master Chief must be reported to the Regional IG, who will confer with MEDINSGEN to determine the best course of action. Allegations of misconduct against senior officials, in accordance with reference (h), shall be immediately reported to MEDINSGEN, a case opened in NIGHTS and transferred to MEDINSGEN on the day of receipt. These allegations are then to be reported by the MEDINSGEN to the DoD IG via the NAVIG within 2 working days.

h. The purpose of the Hotline Program is to identify and eliminate fraud, waste, and mismanagement in the operation of the Navy. To be effective, the program requires personnel to be vigilant to the possibility of illegal or improper acts and to report to the chain of command, or an IG, any improprieties in this regard. Reporting of illegal activity is required by references (a) and (b). These reports shall be based on the complainant's "good faith" belief that the information is true. The use of the Hotline Program to file knowingly false complaints is a violation of references (i) and (j). Those suspected of willfully and knowingly filing false complaints are subject to prosecution and/or administrative action.

## 8. Action

a. Appointment of IG Representatives. Each command listed in enclosure (2) shall appoint, with the concurrence of the MEDINSGEN, a dedicated IG representative. The command will forward their request to the MEDINSGEN with an endorsement from their Region. The Echelon 3 IG representatives will bear the title of MEDINSGEN Regional IG and the Echelon 4 IG representatives will bear the title of MEDINSGEN Hotline Program Coordinator. Depending on workload this may not be a full time responsibility. Those Regional IGs assigned to Echelon 3 commands listed in enclosure (2) shall be either a commissioned officer in the pay grade of O-5 or higher, or, if a civilian, in the pay grade of general schedule (GS)-11 or higher. Hotline Program Coordinators assigned to Echelon 4 commands listed in enclosure (2) shall be commissioned officers in the pay grade of O-3 or higher, or, if a civilian, in the pay grade of GS-9 or higher. Due to the frequent permanent change of station moves of active duty members, it is preferred to have a civilian staff member in this position to ensure continuity. Regardless of rank, the representatives shall report directly to their commander, CO, or OIC. Assignment to other duties shall be authorized based on Hotline issue workload. The Staff Judge Advocate or Command Counsel may not serve as the Hotline representative at any level of command as this creates an inherent conflict of interest.

(1) Certification. Personnel assigned as an Echelon 3 MEDINSGEN Regional IG or Echelon 4 Hotline Program Coordinator, who have investigative duties, which includes reviewing investigations, shall be certified as a DON Investigator. Initial certification may be issued by the NAVIG upon successful completion of a NAVIG approved investigation school. Unless otherwise certified, all investigators and reviewers must complete an investigation school within 6 months of assignment as a MEDINSGEN Investigator or Hotline Coordinator. These

investigation schools are offered by a variety of organizations to include the DoD Joint IG Certification Course. While awaiting certification, the command must submit an Investigating Officer (IO) waiver request through their Echelon 2 command to the MEDINSGEN when tasking their Regional Inspector General/Hotline Program Coordinator with a preliminary inquiry (PI) and/or investigation. In accordance with reference (b), investigators with equal to or greater than 2 years experience must complete 10 hours of continuing education yearly in addition to leading two hotline investigations per year. Investigators with less than 2 years experience must complete 20 hours of continuing education per year in addition to assisting or leading two hotline investigations per year. It is the investigator's responsibility to ensure their training is entered into NIGHTS.

(2) Legal Sufficiency Review. Those NAVMED lawyers who are assigned to perform investigative report legal sufficiency reviews shall complete the NAVINSGEN Online Basic Course located on NKO and utilize the legal sufficiency review guidelines found on the NAVINSGEN Web site, reference (k). NAVMED lawyers will receive refresher training on legal sufficiency reviews from the BUMED Staff Judge Advocate at least annually.

(3) Staffing. Echelon 3 activities listed in enclosure (2) shall have at a minimum one certified series 1801 or 1810 investigator. Enclosure (6) is a suggested Hotline staffing plan to assist in determining the appropriate number of investigators each command should employ. It is based on the number of Hotline complaints a command receives. If in the opinion of MEDINSGEN, should the level of staffing at a command or activity listed in enclosure (2) become insufficient to meet the standards for independence, timeliness, completeness, or accountability set forth in this instruction and reference (a), the MEDINSGEN shall recommend that the Chief, BUMED direct the command to increase the staffing level. Staffing should be sufficient to complete investigations within established deadlines. These requirements do not preclude other NAVMED personnel assigned as command representatives from conducting NAVMED Hotline Program investigations, provided they meet the certification and training requirements of this instruction.

(4) Non-Certified Investigators. Echelon 3 commands shall ensure that subordinate activities are capable of conducting a professional investigation before tasking them with a Hotline investigation. Assignment of a non-certified employee or Service member as a Hotline investigator, for a single case, must be approved by MEDINSGEN in accordance with paragraph 8a(1) above. Approval is discretionary; the MEDINSGEN must be satisfied that the intended investigator, by demeanor, experience, and position is capable of conducting a professional investigation and producing a report that satisfies the standards of: timeliness, independence, completeness, and accountability. Echelon 3 Regional IGs shall review and concur on the first three PI or Investigation Plans of all newly assigned Hotline Program Coordinators.

(a) Independence. In all matters relating to investigative work, the investigative organization must be free, both in fact and appearance, from impairments to independence; must be impartial and unbiased; must be organizationally independent; and must maintain an independent attitude.

(b) Timeliness. All investigations must be conducted and reported in a timely manner. All MWB reprisal PI or investigations must be completed and forwarded to DoD IG within 180 days. All other investigations must be completed within 90 days. The following are general guidelines to assist in timely completion of reports. All days are considered maximum calendar days:

Administrative Intake	Complaint + 5 days
Open Case in NIGHTS	Complaint + 5 days
Determine Course of Action	Complaint + 6 days
Case Work-Up Phase	Complaint + 14 days
Investigative Phase	Complaint + 60 days
Review to Completion Phase	Complaint + 90 days

### **MWB REPRISAL TIMELINE REQUIREMENTS**

Administrative Intake	Complaint + 3 days
Open Case in NIGHTS	Complaint + 3 days
NAVINGEN Notification	Complaint + 5 days
Preliminary Inquiry	Complaint + 30 days
Report of Investigation	Complaint + 150 days
Case forwarded to NAVINGEN	Complaint + 180 days

When an IO cannot complete an investigation within the allotted time given by the tasking authority, he or she must request an extension of the due date. NIGHTS provides a list of options to choose from when requesting an extension.

(c) Completeness. All investigations must be conducted in a diligent and complete manner. Reasonable steps need to be taken to ensure pertinent issues are sufficiently resolved and to ensure that all appropriate criminal, civil, contractual, or administrative remedies are considered. All allegations must be thoroughly and accurately addressed with supporting evidence and documentation included in the initial investigative report. The goal is to reduce rework and resubmissions which negatively impact timeliness.

(d) Accountability. Reports of investigations must adequately address personal and/or organizational responsibility for substantiated allegations with recommendations to management for corrective action(s), e.g., take disciplinary action, recover monies, correct internal control weaknesses, etc.

b. NAVMED Echelon 5 commands shall have a MEDINGEN Hotline Program function, but are not required to have a dedicated representative. Personnel in these commands that conduct Hotline investigations shall be certified, and are required to maintain their certification by complying with the annual training requirements set forth in this instruction.

c. Hotline complaints shall be entered into NIGHTS as soon as possible, within no more than 5 calendar days, using the Complaint Type Table, enclosure (7), followed by the name of the command. Prior to entering the complaint into NIGHTS, NIGHTS needs to be queried to determine if the complaint has already been entered by another IG office. Personnel responsible for entering data into NIGHTS and sending or receiving complaints or investigations via e-mail or any other electronic device must ensure that the data is handled in a manner to avoid unauthorized disclosure.

d. In accordance with reference (c), case files can be opened to document the existence of the complaint for future reference. When Hotline complaints are referred to other command departments or organizations, i.e., legal, customer relations, Command Managed Equal Opportunity officer, etc., for resolution, they shall be entered into NIGHTS as a "Refer" for record purposes prior to closure. When cases are closed because they do not fall under the IG purview, the complainant needs to be informed who has taken ownership of the issue or be directed to the appropriate avenue for resolution.

e. MEDINSGEN will, to the maximum extent permitted under law and regulation, safeguard the identity of complainants. Representatives shall explain to complainants that the use of their testimony and the release of their identity as witnesses, but not as complainants, may be necessary under due process procedures associated with disciplinary or administrative action. The nature of some complaints and relief requested may necessitate the identification of the complainant as such during the course of the investigation as, for example, a military whistleblower reprisal investigation or similar complaint requesting personal relief.

## 9. Procedures

a. BSO-18 activities shall publish Hotline Complaint Submission procedures, which may be placed on the organization's official Web site. The MEDINSGEN is authorized to add, delete, or modify these procedures as necessary. These procedures are binding on all BSO-18 activities. Personnel conducting Hotline Program investigations shall refer to references (d) and (l) for guidance. Representatives shall provide the widest dissemination of the Hotline Program within their area of responsibility. Commands shall post local Hotline Program telephone numbers and points of contact in addition to those of their MEDINSGEN Regional IG and the MEDINSGEN. NAVMED 5041/1, Navy Hotline, is the Hotline Program poster. Ensure staff members assigned within their area of responsibility are aware of the purpose of the program, the process for filing a formal complaint, and provide annual training regarding the objectives of the program.

b. The MEDINSGEN will normally task NAVMED Hotline complaints to the Echelon 3 MEDINSGEN Regional IGs. Those investigators are authorized to further task the investigative responsibility to subordinate commands. Commands tasked with conducting a PI or investigation shall forward the completed PI/investigation report to MEDINSGEN for review. The review of the PI or investigation will address four standards: independence, timeliness, completeness, and accountability. The MEDINSGEN shall either approve the PI/investigation report or return it if it fails to meet those standards.

c. Echelon 3 commands are responsible for the quality of Hotline reports forwarded to the MEDINSGEN and shall ensure completion reports meet the requirements identified within enclosures (8) and (9).

(1) When an investigation against an officer is initiated, notification must be made to the NAVIG through the MEDINSGEN. Once the investigation is complete, notify NAVIG through MEDINSGEN of any substantiated allegations against the officer.

(2) Although not required in every investigation, a legal sufficiency review of the case by an attorney in the Echelon 2 or 3 Staff Judge Advocate or Command Counsel's office is expected in all cases of a significant nature, e.g., cases resulting in officers with substantiated findings, disciplinary action, detachments for cause, substantial monetary loss or property damage, etc. The legal review memorandum will be included in the material forwarded to MEDINSGEN. A legal sufficiency review is required for all MWB and improper MHE PI and investigations. MEDINSGEN will not close a substantiated case until corrective action has been reported. For allegations surrounding MWB, improper mental health referrals, and of allegations against commanders, COs, and OIC in the pay grade of O-6, an endorsement by a Flag Officer in the commander's, COs, or OIC's chain of command is also required. Both the legal review and Flag endorsement shall be forwarded to NAVINSGEN via MEDINSGEN with the report of the investigation.

(3) After the appropriate commander or decision-maker has addressed accountability, the final report shall be returned to MEDINSGEN for close out. MEDINSGEN will not close a substantiated case until corrective action has been properly addressed. Evidence of corrective action may be requested by higher authority.

(4) PIs and investigations should be completed within 90 days of receipt of the complaint. Prolonged PIs and investigations impact promotions and other personnel actions and reflect poorly on NAVMED. Appropriate measures must be implemented to ensure PIs and investigations are completed and submitted to the MEDINSGEN, if required, within the defined due dates. There may be times when a PI or investigation cannot be completed within 90 days and an extension may be necessary. In these cases the IO must request an extension in NIGHTS. In addition, for PIs or investigations not completed within 90 days, monthly Progress Reports, enclosure (10), must be submitted and uploaded into NIGHTS in the Document Library/ Correspondence section until the case is closed.

d. Echelon 4 commands will ensure a documented review and approval in the NIGHTS case notes by their Echelon 3 Regional IG prior to case closure with the exception of 'Assist Complainant' type cases.

e. The MEDINSGEN shall conduct periodic IG Quality Reviews (QR) of the Hotline programs throughout NAVMED to ensure appropriate evaluation and action on all allegations of fraud, waste, and mismanagement; and methods to ensure appropriate protection of the identity of sources requesting anonymity or confidentiality are in place.

f. NCIS is the largest investigative organization within DON. It has trained, professional investigators stationed around the world and with deployed units. All NCIS special agents are certified investigators in the context of satisfying the requirements of this instruction. MEDINSGEN will advise NCIS and forward all cases involving criminal allegations for their review. Only after NCIS declines a criminal case will the MEDINSGEN initiate an investigation. NAVMED organizations are authorized to request NCIS assistance in conducting Hotline investigations.

g. NAVAUDSVC is staffed with trained, professional auditors and is responsible for performing internal audits. These audits evaluate the integrity and reliability of financial and other information used to make management decisions. The MEDINSGEN is authorized to request assistance from the NAVAUDSVC when the nature of the investigation requires the expertise of auditors.

h. If an acquisition fraud referral originates from a command hotline complaint, the command or activity will report the complaint to the MEDINSGEN using enclosure (11) in accordance with reference (l). The MEDINSGEN will review the complaint and forward all cases involving allegations of acquisition integrity violations to the Acquisition Integrity Office (AIO) for review and disposition. The AIO will determine if they desire to maintain oversight of the investigation.

i. The Office of Special Counsel (OSC) has primary jurisdiction for the investigation of civilian employee complaints of reprisal. Civilian employees should be encouraged to seek the assistance of the Office of Special Counsel at <http://www.osc.gov>.

j. Upon learning of or detecting a possible violation of the Antideficiency Act (ADA) (hereafter referred to as violation), the individual concerned shall, within 10 working days, report the possible violation to his or her chain of command in accordance with reference (m), Volume 14, Chapter 3.

k. MEDINSGEN reports and associated papers shall be uploaded into the NIGHTS document library and maintained in hard copy format in a secure environment and made available only to those with an official need to know. All working papers associated with a Hotline investigation shall be kept in accordance with NAVINSGEN Records Retention Policy, as set forth in reference (c), in six-part folders as follows:

(1) Complaint; acknowledgement e-mail(s)/letter(s) to complainant; tasking/referral e-mail(s)/letter(s); closure e-mail/letter to complainant; and NIGHTS 'case information' report (case closing copy).

(2) Requests for extension/progress report(s); PI/investigation report; legal review (if required); and endorsement letter(s).

(3) Interview(s)/statement(s) with signed Privacy Act Statement(s).

(4) Documents (evidence) (includes e-mail, time sheets, travel documents, contracts, references/policies, etc.).

(5) Appointment letter(s); investigative plan: and post-investigation checklist/NIGHTS Quality Assurance (QA) Survey.

(6) Other documents/general correspondence (non-evidence).

Enclosure (12) shall be used to ensure case files contain all required information. Case files should be retained by the IG office that conducted the investigation for 3 years after the completion of the investigation and then sent to a federal records center in accordance with reference (c).

l. Any report or correspondence relating to findings or results shall be marked "FOR OFFICIAL USE ONLY." Any reports containing personal identifying information shall be marked: "FOR OFFICIAL USE ONLY – PRIVACY SENSITIVE; any misuse or unauthorized disclosure may result in both civil and criminal penalties."

m. Release of IG generated material to those without an official need to know will be in accordance with Freedom of Information Act (5 U.S.C. 552 as amended), Privacy Act (5 U.S.C. 552a), as outlined in reference (c), or other applicable Federal law.

n. reference (n), all complaint-related documents or records will contain the following warning:

**WARNING!** This document may contain the identity of an IG source or information that could lead to the identity of an IG source. Ensure that measures are in place to maximize the protection of the source's identity. This document is the property of the DoD Office of Inspector General. It will not be released (in whole or in part), reproduced, or given additional dissemination (in whole or in part) outside of IG channels without prior written approval of the Director, Defense Hotline, or designee. Access to this document must be limited to an official, need-to-know basis.

o. Prior to the assignment of prospective COs, Executive Officers, Command Master Chief's and official OICs, selectees will be screened by MEDINSGEN. If identified as a subject in an ongoing IG investigation, that information will be forwarded to the Chief, BUMED for consideration.

10. Acronyms. Enclosure (13) provides a list if acronyms listed in this instruction.

11. Forms and Report

a. The following forms are available electronically from Naval Forms Online at:  
<https://navalforms.daps.dla.mil/web/public/home>:

(1) OPNAV 5239/14 (JUL 2008), System Authorization Access Request Navy (SAAR-N).

(2) NAVMED 5041/1 (6-2011), Navy Hotline.

(3) NAVMED 5041/2 (6-2011), Rights Acknowledgement/Election Format Military Whistleblower Protection Act (10 U.S.C. 1034) Acknowledgement of Rights and Election of Investigative Procedures.

b. The reporting requirement is exempt from reports control by reference (o).

  
A. M. ROBINSON, JR.

Distribution is electronic only via the Navy Medicine Web Site at:  
<http://www.med.navy.mil/directives/Pages/default.aspx>

## REFERENCES

- Ref: (a) DoD Instruction 7050.01 of 17 Dec 2007  
(b) SECNAVINST 5370.5B  
(c) NAVINSGEN Investigations Manual of July 1995  
(d) Naval Inspector General Hotline Tracking System (NIGHTS) User Manual (NOTAL)  
(e) SECNAVINST 5370.7C  
(f) IG DoD Guide (IGDG) 7050.6  
(g) DoD Instruction 6490.4 of 28 Aug 2007  
(h) SECNAVINST 5800.12B  
(i) Title 10, United States Code, Chapter 47, Uniform Code of Military Justice.  
(j) Title 18, United States Codes, Section 1001.  
(k) NAVINSGEN Official Web site (<http://www.IG.navy.mil>)  
(l) SECNAVINST 5430.92B  
(m) DoD Financial Management Regulation (<http://comptroller.defense.gov/fmr/>)  
(n) Department of Defense Inspector General HLPM 2009-01 of 25 Feb 2009 (NOTAL)  
(o) SECNAVINST 5210.16

**BUDGET SUBMITTING OFFICE 18 COMMANDS WITH  
INSPECTOR GENERAL RESPONSIBILITIES**

Echelon 2

Bureau of Medicine and Surgery  
    Naval Medical Logistics Command  
    Navy Medicine Information Systems Support Activity  
    Naval Medical Research Center

Echelon 3

Commander, Navy Medicine East  
Commander, Navy Medicine West  
Commander, Navy Medicine National Capital Area  
Commander, Navy Medicine Support Command

Echelon 4

Naval Medical Center (NMC) Portsmouth, VA  
Federal Health Care Center (FHCC), Great Lakes  
Naval Hospital (NH) Beaufort, SC  
NH Camp Lejeune, NC  
NH Jacksonville, FL  
NH Pensacola, FL  
Naval Health Clinic (NHC) Charleston, SC  
NHC Cherry Point, NC  
NHC Corpus Christi, TX  
NHC New England  
Naval Dental Center (NDC) Camp Lejeune, NC  
U.S. Naval Hospital (USNH) Guantanamo Bay, Cuba  
USNH Naples, Italy  
USNH Rota, Spain  
USNH Sigonella, Italy  
NMC San Diego, CA  
NH Bremerton, WA  
NH Camp Pendleton, CA  
NH Lemoore, CA  
NH Oak Harbor, WA  
NH Twenty-Nine Palms, CA  
NHC Hawaii  
NDC Camp Pendleton, CA  
NDC Okinawa, Japan  
USNH Guam  
USNH Okinawa, Japan

Echelon 4 (Continued)

USNH Yokosuka, Japan  
National Naval Medical Center Bethesda, MD  
NHC Annapolis, MD  
NHC Patuxent River, MD  
NHC Quantico, VA  
Navy Medicine Manpower, Personnel, Education and Training Command  
Navy and Marine Corps Public Health Center

**MILITARY WHISTLEBLOWER REPRISAL COMPLAINT  
INTAKE FORMAT**

Date:

Complainant's Full Name:

Rate/Rank, Designator/Navy Enlisted Classification (NEC) Code:

Duty Station:

Home Address:

E-mail/Telephone Number:

**In letter format the complainant must provide detailed answers to the following questions:**

1. Did you make or prepare a communication protected by statute? (Refer to the appropriate information sheet for the definition of a "protected communication.")
2. To whom did you make the communication and when? (Be specific concerning the date, time, location, and to whom your protected communication was made.)
3. What information did you disclose to that official? (Be as specific as possible.)
4. Was an unfavorable personnel action taken or threatened, or was a favorable action withheld or threatened to be withheld following the protected communication? (Refer to the appropriate information sheet for the definition of a "personnel action.")
5. What was the location and organization where the personnel action occurred? (Include name and position of the official who took, threatened, or withheld the personnel action.)
6. What was the date of the personnel action(s) and what date did you first become aware of the personnel action(s)? (In accordance with the statute, reprisal complaints must be lodged within 60 days of the date the complainant/victim first learned that the personnel action was taken in reprisal for them having made the protected communication.)
7. Did the official(s) responsible for taking, withholding, or threatening the personnel action know about the protected communication(s)?
8. How do you know that the official who took the personnel action was aware of your protected communication before the official took the action against you? (Explain how you know this to be the case.)

Enclosure (3)

**FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**

Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

9. If you had not made the protected communication, would the personnel action have been taken, withheld, or threatened anyway? (Explain how you know this to be the case.)
  
10. What evidence do you have that the official took the adverse personnel action against you in reprisal because you made the protected communication(s)? (Attach supporting documents, a detailed timeline of events, and provide names of witnesses.)

**FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**

Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

**IMPROPER MENTAL HEALTH EVALUATION REFERRAL  
INTAKE FORMAT**

Complainant's Full Name:

Rate/Rank, Designator/NEC:

Duty Station:

Home Address:

E-mail/Telephone Number:

Date Complaint Received:

Date Complaint Referred to MEDINSGEN:

Investigator's Name, Rank, Organization, Duty Telephone:

Allegations:

Type of Referral: Nonemergency/Emergency.

**PART A: Nonemergency (Outpatient and Inpatient Referrals)**

1. Did the Commanding Officer (CO):

a. Consult with a mental health professional before referring the member for a mental health evaluation (MHE)? Yes (Date), No, Unknown.

b. Provide the member written notice of the mental health referral? When? Is member's acknowledgment of the notice present?

c. If written notice was provided, did the notice include:

(1) Date and time of the scheduled MHE?

(2) Factual description of the behavior and/or verbal expressions that caused the CO's MHE referral?

(3) Name of the mental health professional with which the CO consulted before making the MHE referral? If not, does the notice explain why?

Enclosure (4)

**FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**

Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

- (4) Positions and telephone numbers of authorities, including attorneys and Inspector Generals (IGs), who could assist the member who wishes to, question the MHE referral?
2. If the member was referred for an MHE, was the member provided a copy of a listing of the following rights (this applies in nonemergency MHE referrals)?
- a. To seek advice from an attorney who is a member of the Armed Forces or who is employed by the DoD designated to provide such advice under DoD Directive 6490.1 or an IG or an alternate source if an attorney is not reasonably available?
  - b. To submit an allegation of referral in violation of DoD Directive 6490.1 to any IG?
  - c. To be evaluated by a mental health professional of his or her choosing and at his or her expense if reasonably available and within a reasonable time after the referred MHE?
  - d. Not to be restricted in lawfully communicating with an IG, attorney, Member of Congress, or others about the mental health referral?
  - e. Have at least 2 business days before the scheduled evaluation to meet with an attorney, IG, chaplain, or other appropriate party? If not, is there an explanation? (This only applies in nonemergency MHE referrals.)
3. If the member was aboard a naval vessel or in duty circumstances that made compliance with DoD Directive 6490.1 impractical, did the CO prepare a memorandum stating the reasons for the inability to comply with the Directive? If so, when?
4. Did the mental health professional who conducted the MHE:
- a. Assess the circumstance surrounding the request for an MHE to ensure that the evaluation does not appear to have been in reprisal for whistle blowing?
  - b. Report to the superior of the referring commander, via the mental health professionals command channels, evidence indicating that the evaluation may have been inappropriate?
  - c. Advise the member of the purpose, nature, and likely consequences of the evaluation?
  - d. Make clear to the member that the evaluation is not confidential?
5. If the mental health professional performed both evaluative and therapeutic roles, did the mental health professional explain to the member the possible conflict of interest issues at the outset of the therapeutic relationship?

**PART B: Emergency or Involuntary Inpatient MHEs.** Emergency or involuntary inpatient MHEs must be conducted in accordance with the "least restrictive alternative principle." See DoD Directive 6490.1 for the full definition.

1. Did a psychiatrist, another mental health professional, or a physician admit the member for inpatient MHE?
2. Did the admitting psychiatrist/physician determine that the MHE could not be appropriately or reasonably conducted on an outpatient basis?
3. After a member is admitted for an emergency or involuntary MHE, were reasonable efforts made as soon as practical to inform the member of:
  - a. The reasons for the evaluation?
  - b. The nature and consequences of the evaluation?
  - c. Any treatment recommended or required?
4. Was the member informed of the right, as soon after admission as the member's condition permitted, to contact a friend, relative, attorney, or IG?
5. Was the member evaluated by the attending doctor within 2 business days after admission to determine if continued hospitalization and treatment was justified or if the member should be released?
6. Did the attending doctor make a determination of whether the condition manifested itself from a traumatic event or was it caused by a behavioral, psychological, or biological dysfunction in the person?
7. If a determination was made that continued hospitalization or treatment was required, was the member notified orally and in writing of the reasons for this determination?
8. Within 72 hours of admission, was a review of the appropriateness of continued hospitalization conducted?
9. Was the review in paragraph 8 above conducted by:
  - a. An officer NOT in the member's immediate chain of command?
  - b. An officer who is neutral and disinterested?
  - c. An officer in the grade of O-5 or above appointed by appropriate commander?

10. Did the reviewing officer:

- a. Introduce him or herself to the member?
- b. Indicate the reasons for the interview?
- c. Notify the member of the right to have legal representation during the review by a judge advocate or an attorney of his or her choosing and expense who is available within a reasonable time?
- d. Determine whether continued evaluation, treatment, or discharge was appropriate?
- e. Review the MHE conducted by the attending doctor of the need for continued hospitalization and treatment?
- f. Make a determination of whether the referral for MHE was used in an inappropriate, retributive, or punitive manner and, if so, report such a finding to appropriate authorities for further investigation?

BUMEDINST 5041.6  
25 Jul 2011

**MILITARY WHISTLEBLOWER REPRISAL/IMPROPER MENTAL HEALTH  
EVALUATION NOTIFICATION LETTER TEMPLATE**

5041  
Ser XXUM00IGXXX  
00 Month 0000

From: Office of the Medical Inspector General (M00IG)  
To: Navy Inspector General (Reprisals)

Subj: REPORT OF REPRISAL ALLEGATIONS HOTLINE CASE NUMBER \_\_\_\_\_

Ref: (a) 10 U.S.C. § 1034

1. In accordance with reference (a), this letter serves as our official notification of alleged reprisal against (Name and Rank, United States Navy (USN)):

- a. Complainant: Name and Rank, USN, e-mail address, and work location.
- b. Date initial complaint of reprisal received: (date).
- c. Date supporting documentation and clarification interview conducted: (date).

2. Subject (Responsible Management Officials (RMOs)). List each RMO's name and rank and work location.

3. Protected Communication(s). List each Protected Communication:

4. Unfavorable Personnel Action. List each Unfavorable Personnel Action:

5. \_\_\_\_\_, Investigator, is your point of contact for this notification and may be reached via e-mail at xxx.xxx@med.navy.mil or telephone at (xxx) xxx-xxxx.

I. I. NAME

Enclosure (5)

### **HOTLINE STAFFING REQUIREMENTS**

Recommended Hotline staffing requirements based upon volume of cases opened monthly in accordance with reference (a).

0-10 open monthly	FTE of 1 investigator
11-20 open monthly	FTE of 2 investigators
21-30 open monthly	FTE of 3 investigators
31-40 open monthly	FTE of 4 investigators
41-50 open monthly	FTE of 5 investigators
51-60 open monthly	FTE of 6 investigators
61-70 open monthly	FTE of 7 investigators
71-80 open monthly	FTE of 8 investigators
81-90 open monthly	FTE of 9 investigators
91-100 open monthly	FTE of 10 investigators

FTE – Full-Time Equivalent.

**COMPLAINT TYPE TABLE**

<b>Acquisition</b>
Policies and Procedures
Contract Administration
Contract Surveillance
Contract Award
Acquisition (Other)
<b>Resource Management</b>
Budget Execution
Admin Control of Funds
Appropriation
Distribution of Funds
Resource Management (Other)
<b>Information Systems &amp; Services</b>
ADP Equipment
Telecommunications System
Commercial Communications
Network
Privacy Act/Records Release
Records Management
Information Systems & Services (Other)
<b>Supply (Management/Control)</b>
Supply Management
Supply Control
Property Accountability
Reutilization/Defense Reutilization Management Office (DRMO) Operations
Disposal
Supply (Other)
<b>Engineer/Facilities</b>
Facilities
Real Property Management
Military Construction
Family Housing
Government Leased Housing
Bachelor Housing
Privatization of Housing
Engineer/Facilities (Other)

<b>Health Care</b>
Medical Care
Dental Care
Pharmacy
Health Care (Other)
<b>Intelligence</b>
Intelligence (Other)
<b>Legal</b>
Legal Assistance
Article 138 Procedures
Nonjudicial Punishment
Claims
Legal (Other)
<b>Finance and Accounting</b>
Military Pay/Allowances – AC
Travel Pay
Civilian Pay
Finance and Accounting (Other)
<b>Personnel Management - Military</b>
Accession of Service members
Assignment/Reassignment
Reenlistment/Extension
Nondeployability
Personnel Separations
Personnel Records
Identification Cards
Leave
Awards and Decorations
Casualty Management
Medical Review Boards
Navy Recruiting
Mobilization of Reserve Service members
Personnel Management – Military (Other)

<b>Personnel Management - Civilian</b>
Management-Employee Relations
Civilian Recruitment & Placement
Pre-selection
Civilian Employee Training
Civilian Promotions
Civilian Grievance Procedures
Civilian Personnel Evaluations
Civilian Awards and Incentives
Civilian Leave
Retirement, Separation, Reduction in Force
Worker's Compensation
Personnel Management - Civilian (Other)
<b>Operations</b>
Military Operations and Plans
Deployment/Redeployment
Force Protection
Unit Status Reporting
Operations (Other)
<b>Community/Installation Support</b>
Alcohol/Drug Abuse Program
Commissary
Navy Club Operations
DoD Dependent Schools
Navy Exchange Services
Family Advocacy Program
Morale, Welfare, and Recreation (MWR)
Religious Support
Child Development Center
Banking Services
Community/Installation Support (Other)
<b>Training</b>
Training (Other)
<b>Safety</b>
Safety (Other)

<b>Public Affairs</b>
Public Safety (Other)
<b>Law Enforcement/Security</b>
Criminal Investigations
Physical Security
Vehicle Registration
Law Enforcement/Security (Other)
<b>Organizations</b>
Leadership/Policies/Redress problems
Commander's Action/Decision
Reprisal
Fraud, Waste, Abuse
Organizations (Other)
Improper Mental Health Evaluation
Abuse of Authority
<b>Personal Conduct</b>
Discrimination (Military)
Discrimination (Civilian)
Harassment/Maltreatment
Sexual Harassment
Trainee Abuse
Improper Collection of Basic Allowance for Housing
Non-Support of Dependents
Paternity Disputes
Sexual Assault
Suicide
Standards of Conduct/Ethics
Other Uniformed Code of Military Justice/Criminal Violations
Recruiter Impropriety
Privacy Act Violation
Misuse of Government Vehicles
Misuse of Government Equipment
Time and Attendance
Personal Conduct (Other)

**DEPARTMENT OF DEFENSE/NAVY HOTLINE COMPLETION  
REPORT TEMPLATE**

(Date)

1. Investigator(s) and Identifying Information and Location of Working Papers
  - a. Investigator(s) and Identifying Information.
  - b. Location of working papers.
2. Background and Summary
  - a. Hotline Control Numbers and Origin of Complaint.
  - b. Summary of Complaint.
  - c. Additional Information (Optional).
  - d. Summary of Outcome of Investigation.
  - e. List of Allegations (Optional).
3. First Allegation
  - a. Facts. (List all)
    - (1)
    - (2)
  - b. Analysis/Discussion/Conclusion (List all)
    - (1)
    - (2)
  - c. Recommendation.
  - d. Disposition.

Enclosure (8)

**FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**

Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

4. Interviews and Documents

a. Interviews conducted. (All interviews were conducted in person unless otherwise noted.)

(1)

(2)

b. Documents reviewed (List all)

(1)

(2)

## POST INVESTIGATION CHECKLIST

**HOTLINE NUMBER:** \_\_\_\_\_

### **Timeliness**

1. Investigating Officer (IO) submitted Report to tasking authority within 90 days? If not, why?
2. IO used Progress Reports to request due date extension(s)? If not, why?

### **Independence of IO**

3. IO included name, rank/grade, position, organization, telephone number, and any other identifying information to assist the tasking authority to ascertain independence? If not, why?
4. IO was independent, i.e., free from bias, free from command influence, and senior to subject? If not, why?

### **Completeness of the Investigative Report**

5. IO addressed all tasked and emerging allegations? If not, why?
6. IO interviewed the complainant (mandatory if complainant is named)? If not, why?
7. IO interviewed the subject(s)? If not, why?
8. IO interviewed key witnesses? If not, why?
9. IO collected all evidence including documents (cited title, originator, and date) and interviews (name, grade, position, and method of interview)? If not, why?
10. IO wrote allegations in the proper format? If not, why?
11. IO clearly cited and discussed the rules, regulations, and statutes? If not, why?
12. IO supported conclusions with evidence? If not, why?
13. IO discussed mitigating circumstances, if applicable? If not, why?
14. IO obtained legal review (mandatory for significant cases)? If not, why?
15. IO followed Investigative Report format and included all mandatory sections? If not, why?
16. Investigative Report stands alone, i.e., all relevant information is included and discussed in the body of the report with no reference to enclosures? If not, why?

Enclosure (9)

### **FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**

Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

**POST INVESTIGATION CHECKLIST  
(CONTINUED)**

17. Investigative Report is balanced and fair to all parties? If not, why?

**Accountability**

18. IO correctly documented disposition, i.e., for unsubstantiated allegations, "no further action necessary;" for substantiated allegations, "forwarded to higher authority for appropriate, administrative, and/or corrective action" or "corrective action completed" (include type of action, who directed, and date)? If not, why?

19. IO submitted Disposition Report to tasking authority within 30 days? If not, why?

**Comments (Reason for recommended action or other significant information):**

**HOTLINE PROGRESS REPORT TEMPLATE**

Date (xx Month xxxx)

1. **Applicable DoD Component:** Department of the Navy
2. **Hotline Control Number(s):**
3. **Date Complaint Initially Received:** (xx Month xxxx)
4. **Status**
  - a. **Name of organization conducting investigation:**
  - b. **Type of investigation being conducted:**
  - c. **Results of investigation to date (summary):**

*We have investigated the four allegations alleged by the complainant; three of the allegations are unsubstantiated and the fourth is under review. Two emerging allegations were also identified during the course of this investigation. Ten of twelve identified potential witnesses were interviewed.*

- d. **Reason for delay in completing investigation:**

*Investigating Officer was unable to interview all potential witnesses identified. Request extension of 1 week.*

5. **Expected Date of Completion:** (xx Month xxxx).
6. **Action Agency Point of Contact (POC) and Organization:**

*Ms. Jean Cook, GS-13, Investigations Specialist, telephone: (301) 758-9018 or DSN 288-9018, e-mail: [jcook@navair.navy.mil](mailto:jcook@navair.navy.mil), Office of the Inspector General, Commander, Naval Air Systems Command.*

Signed by Investigating Officer

Enclosure (10)

**FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**

Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

**FRAUD REFERRAL INTAKE TEMPLATE**

Case Name:

Corporation or Individual (specify which one):

Corporation or Individual's Last Name:

Division or Individual's First Name:

Group or Individual's Middle Name:

Individual's Date of Birth:

Address:

City/State/ZIP Code:

Telephone Number/E-mail Address:

Case Type:

Lead Agency:

Referral Agency/Activity:

Referral Method:

Date Received:

Description of Fraud Scheme/Reason for Investigation:

Comments:

Send referral to: Acquisition Integrity Office  
720 Kennon Street SE, Building 36, Room 214  
Washington Navy Yard, DC 20374-5012

Enclosure (11)

**FOR OFFICIAL USE ONLY - PRIVACY SENSITIVE**

Any misuse or unauthorized disclosure may result in both civil and criminal penalties.

**CASE FILE CHECKLIST**  
**(Non-MWR/MHE Cases)**  
**CASE # \_\_\_\_\_**

**Part 1: Left Side:**

Complaint	Yes	No	N/A
Acknowledgement E-mail(s)/Letters to Complainant	Yes	No	N/A
Tasking/Referral E-mail(s)/Letter(s)	Yes	No	N/A
Closure E-Mail/Letter to Complainant	Yes	No	N/A
NIGHTS Case Information Report (case detail closing copy)	Yes	No	N/A

**Part 2: Right Side:**

Request(s) for Extension/Progress Report(s)	Yes	No	N/A
Preliminary Inquiry/Investigation Report	Yes	No	N/A
Legal Review (if required)	Yes	No	N/A
Endorsement Letter(s)	Yes	No	N/A

**Part 3: Left Side:**

Interview(s)/Statement(s) with signed Privacy Act Statement(s)	Yes	No	N/A
--	-----	----	-----

**Part 4: Right Side:**

Documents (Evidence) (includes e-mails, time sheets, travel documents, contracts, references/policies/instructions, etc.)	Yes	No	N/A
---	-----	----	-----

**Part 5: Left Side:**

Appointment Letter(s)	Yes	No	N/A
Investigative Plan	Yes	No	N/A
Post Investigation Checklist/NIGHTS QA Survey	Yes	No	N/A

**Part 6: Right Side:**

Other Documents/General Correspondence (non-evidence)	Yes	No	N/A
---	-----	----	-----

**Other**

- |  |     |    |
|--|-----|----|
| 1. File is organized and neat?   | Yes | No |
| 2. All other documents and notes removed? (Refer to NAVINSGEN Manual, Chapter 1204 for additional clarification if necessary.) | Yes | No |

Enclosure (12)

## ACRONYMS

ADA	Antideficiency Act
AIO	Acquisition Integrity Office
BSO	Budget Submitting Office
BUMED	Bureau of Medicine and Surgery
CO	Commanding Officer
DOD	Department of Defense
DON	Department of the Navy
DRMO	Defense Reutilization Management Office
FHCC	Federal Health Care Center
FTE	Full-Time Equivalent
GS	General Schedule
IG	Inspector General
IO	Investigating Officer
MEDINSGEN	Medical Inspector General
MHE	Mental Health Evaluation
MWB	Military Whistle Blower Protection Act
MWR	Morale, Welfare, and Recreation
NAVAUDSVC	Naval Audit Service
NAVIG	Navy Inspector General
NAVMED	Navy Medicine
NCIS	Naval Criminal Investigative Service
NDC	Naval Dental Center
NEC	Navy Enlisted Classification
NH	Naval Hospital
NHC	Naval Health Clinic
NIGHTS	Naval Inspector General Hotline Tracking System
NKO	Navy Knowledge Online
NMC	Naval Medical Center
OIC	Officer in Charge
OSC	Office of Special Counsel
PI	Preliminary Inquiry
POC	Point of Contact
QA	Quality Assurance
QR	Quality Review
RMO	Responsible Management Official
SAAR-N	System Authorization Application Request Navy
USN	United States Navy
USNH	United States Naval Hospital