

Welcome

Welcome to the United States Forces Korea Inspector General page.

The Inspector General simultaneously acts as both a fair and objective fact finder/ problem solver and also as a confidential advisor to the Commander of United States Forces Korea.

The Inspector General's core functions consist of Assistance, Investigations, Inspections and Teaching and Training. We have a dedicated team of professionals to assist in accomplishing our core functions in a competent and timely manner.

Due to the fast paced operational tempo of today's military, often times service members are faced with a myriad of problems.

The Inspector General can provide responsive assistance to service members, families and civilians needing assistance in resolving military matters.

Our website provides contact numbers to our Assistance Division which may help you resolve your complaint or problem.

The Inspector General Team is here to help!

Mission

Advise the Commander, United States Forces Korea on the state of discipline, economy, efficiency, morale and readiness of assigned units. Serve as an extension of the Commander's eyes and ears, voice and conscience.

Vision

Provide service members, families and civilians needing assistance with military matters with a professional Inspector General team that is capable of meeting the needs of United States Forces Korea and the community by conducting Inspector General functions in a competent and timely manner.



Janeice L. Thomas
USFK, Command Inspector General

USFK IG
pacom.humphreys.usfk.mbx.ig@mail.mil

DSN: 755-4554

Deputy IG
DSN: 755-4555

Senior IG NCO
DSN: 755-4556

Admin Support
DSN: 755-4557

Complaint Filing Instructions

5 Ways to Submit a Complaint to USFK IG

1. Email: send DD Form 2949, Joint Inspector General Action Request (JIGAR), or send a generic email to the USFK IG mailbox address: pacom.yongsan.usfk.mbx.ig@mail.mil.
2. Walk-in: come in to the USFK IG Office, Bldg. 2372, 2nd Floor and fill out the JIGAR.
3. Call-in: call telephonically to request assistance to the IG (725-6739), Deputy IG (723-3191), Senior IG NCO (725-5981).
4. Write-in: write the complaint in the form of a letter; send to the mailing address: PSC 303, Box 23 APO AP 96205.
5. Anonymous: submit an anonymous complaint using the JIGAR.

DD Form 2949,
Joint Inspector General
Action Request (JIGAR)

JOINT INSPECTOR GENERAL ACTION REQUEST
Personal and Fraud, Waste and Abuse Complaint Registration

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 141; DoDD 5106.04; DoDI 5106.05.

PRINCIPAL PURPOSE(S): To secure sufficient information to inquire into the matters presented and to provide a response to the requestor(s) and/or take action to correct deficiencies.

ROUTINE USE(S): Information is used for official purposes within the Department of Defense; to answer complainants 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 Department of Defense; and, in certain cases, in trial by courts-martial and other military matters as authorized by the Uniform Code of Military Justice. Department of Defense "Blanket Routine Uses" also apply.

DISCLOSURE: Disclosure of 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.

WARNING: Those who knowingly and intentionally provide false statements in this complaint are subject to potential punitive and administrative actions. (DoDD 5106.04, 5106.05)

1. NAME (Last, First, Middle Initial)		2. GRADE/RANK	3. SSN (Optional)
4. STATUS (X as applicable) <input type="checkbox"/> MILITARY <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Other. <input type="checkbox"/> CIVILIAN <input type="checkbox"/> Appropriated Fund <input type="checkbox"/> Nonappropriated Fund <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign or Local <input type="checkbox"/> Other.		5. UNIT IDENTIFICATION CODE (UIC)/ORGANIZATION ADDRESS	
7. CONTACT TELEPHONE NUMBER(S) (Include area code/DSN) a. DUTY b. HOME c. CELL		6. PREFERRED MAILING ADDRESS (If different from above)	
8. E-MAIL ADDRESS(ES)		9. SPECIFIC ACTION REQUESTED (What do you want the IG to do for you?)	

10. INFORMATION PERTAINING TO THIS REQUEST (Background, list attached documents, who else (commander, agency) you have talked with about this matter, etc.)

11. STATEMENT OF UNDERSTANDING <input type="checkbox"/> I do <input type="checkbox"/> I do not consent to release my personal information inside official channels in order to resolve the matter(s) listed above. I understand that if I do not agree to release my personal information, my request for assistance may go unresolved.		
a. DATE (YYYYMMDD)	b. SIGNATURE	12. IG/CASE NUMBER (Assigned by Joint IG)

Step 1: Fill out DD 2949, JIGAR Information

- Provide as much admin information on Block #s 1 – 8.

JOINT INSPECTOR GENERAL ACTION REQUEST
Personal and Fraud, Waste and Abuse Complaint Registration

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 141; DoDD 5106.04; DoDI 5106.05.

PRINCIPAL PURPOSE(S): To secure sufficient information to inquire into the matters presented and to provide a response to the requestor(s) and/or take action to correct deficiencies.

ROUTINE USE(S): Information is used for official purposes within the Department of Defense; to answer complainants 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 Department of Defense; and, in certain cases, in trial by courts-martial and other military matters as authorized by the Uniform Code of Military Justice. Department of Defense "Blanket Routine Uses" also apply.

DISCLOSURE: Disclosure of 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.

WARNING: Those who knowingly and intentionally provide false statements in this complaint are subject to potential punitive and administrative actions (UCMJ Art. 107; 18 U.S.C. 1001).

1. NAME (Last, First, Middle Initial)		2. GRADE/RANK	3. SSN (Optional)
4. STATUS (X as applicable) <input type="checkbox"/> MILITARY <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Other. <input type="checkbox"/> CIVILIAN <input type="checkbox"/> Appropriated Fund <input type="checkbox"/> Nonappropriated Fund <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign or Local <input type="checkbox"/> Other.		5. UNIT IDENTIFICATION CODE (UIC)/ORGANIZATION ADDRESS	
7. CONTACT TELEPHONE NUMBER(S) (Include area code/DSN) a. DUTY b. HOME c. CELL		6. PREFERRED MAILING ADDRESS (If different from above)	
8. E-MAIL ADDRESS(ES)			

9. SPECIFIC ACTION REQUESTED (What do you want the IG to do for you?)

10. THE ORIGINATOR OF THIS REQUEST (background, see attached documents, who else (commander, agency) you have talked with about this matter, etc.)

11. STATEMENT OF UNDERSTANDING
 I do I do not consent to release my personal information inside official channels in order to resolve the matter(s) listed above.
I understand that if I do not agree to release my personal information, my request for assistance may go unresolved.

a. DATE (YYYYMMDD)	b. SIGNATURE	12. IG/CASE NUMBER (Assigned by Joint IG)
--------------------	--------------	---

Step 2: Specific Action Requested

- Write down what you want the IG to do for you.
- Be specific and provide the details.

JOINT INSPECTOR GENERAL ACTION REQUEST
Personal and Fraud, Waste and Abuse Complaint Registration

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 141; DoDD 5106.04; DoDI 5106.05.

PRINCIPAL PURPOSE(S): To secure sufficient information to inquire into the matters presented and to provide a response to the requestor(s) and/or take action to correct deficiencies.

ROUTINE USE(S): Information is used for official purposes within the Department of Defense; to answer complainants 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 Department of Defense; and, in certain cases, in trial by courts-martial and other military matters as authorized by the Uniform Code of Military Justice. Department of Defense "Blanket Routine Uses" also apply.

DISCLOSURE: Disclosure of 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.

WARNING: Those who knowingly and intentionally provide false statements in this complaint are subject to potential punitive and administrative actions (UCMJ Art. 107; 18 U.S.C. 1001).

1. NAME (Last, First, Middle Initial)		2. GRADE/RANK	3. SSN (Optional)
4. STATUS (X as applicable) <input type="checkbox"/> MILITARY <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Other. <input type="checkbox"/> CIVILIAN <input type="checkbox"/> Appropriated Fund <input type="checkbox"/> Nonappropriated Fund <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign or Local <input type="checkbox"/> Other.		5. UNIT IDENTIFICATION CODE (UIC)/ORGANIZATION ADDRESS	
7. CONTACT TELEPHONE NUMBER(S) (Include area code/DSN) a. DUTY b. HOME c. CELL		6. PREFERRED MAILING ADDRESS (If different from above)	
8. E-MAIL ADDRESS(ES)		9. SPECIFIC ACTION REQUESTED (What do you want the IG to do for you?)	

10. INFORMATION PERTAINING TO THIS REQUEST (Background, list attached documents, who else (commander, agency) you have talked with about this matter, etc.)	
---	--

11. STATEMENT OF UNDERSTANDING <input type="checkbox"/> I do <input type="checkbox"/> I do not consent to release my personal information inside official channels in order to resolve the matter(s) listed above. I understand that if I do not agree to release my personal information, my request for assistance may go unresolved.		12. IG/CASE NUMBER (Assigned by Joint IG)
a. DATE (YYYYMMDD)	b. SIGNATURE	

Step 3: Information Pertaining to this request

- Provide any supporting documents that will be helpful in resolving your issue.

JOINT INSPECTOR GENERAL ACTION REQUEST
Personal and Fraud, Waste and Abuse Complaint Registration

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 141; DoDD 5106.04; DoDI 5106.05.

PRINCIPAL PURPOSE(S): To secure sufficient information to inquire into the matters presented and to provide a response to the requestor(s) and/or take action to correct deficiencies.

ROUTINE USE(S): Information is used for official purposes within the Department of Defense; to answer complainants 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 Department of Defense; and, in certain cases, in trial by courts-martial and other military matters as authorized by the Uniform Code of Military Justice. Department of Defense "Blanket Routine Uses" also apply.

DISCLOSURE: Disclosure of 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.

WARNING: Those who knowingly and intentionally provide false statements in this complaint are subject to potential punitive and administrative actions (UCMJ Art. 107; 18 U.S.C. 1001).

1. NAME (Last, First, Middle Initial)		2. GRADE/RANK	3. SSN (Optional)
4. STATUS (X as applicable) <input type="checkbox"/> MILITARY <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marine Corps <input type="checkbox"/> Coast Guard <input type="checkbox"/> Active <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard <input type="checkbox"/> Other. <input type="checkbox"/> CIVILIAN <input type="checkbox"/> Appropriated Fund <input type="checkbox"/> Nonappropriated Fund <input type="checkbox"/> Contractor <input type="checkbox"/> Foreign or Local <input type="checkbox"/> Other.		5. UNIT IDENTIFICATION CODE (UIC)/ORGANIZATION ADDRESS	
7. CONTACT TELEPHONE NUMBER(S) (Include area code/DSN) a. DUTY b. HOME c. CELL		6. PREFERRED MAILING ADDRESS (If different from above)	
9. SPECIFIC ACTION REQUESTED (What do you want the IG to do for you?)		8. E-MAIL ADDRESS(ES)	
10. INFORMATION PERTAINING TO THIS REQUEST (Background, list attached documents, who else (commander, agency) you have talked with about this matter, etc.)			
11. STATEMENT OF UNDERSTANDING <input type="checkbox"/> I do <input type="checkbox"/> I do not consent to release my personal information inside official channels in order to resolve the matter(s) listed above. I understand that if I do not agree to release my personal information, my request for assistance may go unresolved.			
a. DATE (YYYYMMDD)		b. SIGNATURE	12. IG/CASE NUMBER (Assigned by Joint IG)

Step 4: Consent & Signature

- It is important that you give consent to release your personal information.
- If you don't consent, your request for assistance may go unresolved.
- Sign in at the signature block # 11b.