



# Office of the Inspector General of the Intelligence Community

## EXTERNAL REVIEW PANEL (ERP) REQUEST FORM – UNCLASSIFIED

**Within 45 calendar days** after exhausting your agency's or department's review process and receiving the final written decision on your reprisal allegations, you may request further review by an External Review Panel (ERP) through the Office of the Inspector General of the Intelligence Community (ICIG). Pursuant to Section C of Presidential Policy Directive 19 (PPD-19), *Protecting Whistleblowers with Access to Classified Information*, the ICIG receives all requests for ERPs to assess whether to convene an ERP. An ERP is not automatic – the decision to grant review by the ERP is at the sole discretion of the ICIG and is based on the facts and circumstances of the case. For additional background information, please visit [www.dni.gov/ICIG-Whistleblower](http://www.dni.gov/ICIG-Whistleblower).

I affirm that my submission, including any attachments, does not include classified information. If your submission, including any attachments, may contain **CLASSIFIED INFORMATION**, please contact the **ICIG HOTLINE** (Open: 855-731-3260 • Secure: 933-2800) to determine appropriate submission procedures.

### PART 1 - YOUR INFORMATION

#### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**PURPOSE:** To obtain sufficient information to inquire into matters presented and to provide appropriate responses, referrals, or inquiries, where deemed appropriate.

**ROUTINE USES:** Information is used for official purposes within the Office of the Director of National Intelligence (ODNI) and the ICIG; to answer complaints or respond to requests for assistance, advice, or information; and, by Members of Congress and other government agencies when determined by the ICIG to be in the best interest of the Intelligence Community.

#### (\* Required Information)

##### 1. Contact Information of person requesting External Review to the ICIG

Prefix (Mr., Mrs., Ms., Rank, or Title) \_\_\_\_\_

First Name\* \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name\* \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_

Telephone Number(s)\* \_\_\_\_\_ (Primary)

\_\_\_\_\_ (Secondary)

Fax Number \_\_\_\_\_

Email Address(es)\* \_\_\_\_\_



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**2. Your Status\*** Select one of the following options, or enter your status if not listed.

Select one

Other: \_\_\_\_\_

**3. Your current position, title, series, and grade**

\_\_\_\_\_

**4. Your Agency or Employer\***

Choose one of the following options, or enter your status if not listed.

Select one

Other: \_\_\_\_\_

**5. Do you have legal or other representation for this request?**

Yes (please complete questions 5a and 5b)

No

**5a. Legal or other representative information:**

Name of Representative\* \_\_\_\_\_

Type of Representative:  Legal  Other

Notice of Representation attached:  Yes  No

**5b. Legal or other representative's contact information:**

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Telephone Number(s)\* \_\_\_\_\_ (Primary)

\_\_\_\_\_ (Secondary)

Fax Number \_\_\_\_\_

Email Address(es)\* \_\_\_\_\_



## PART 2 - DETAILS OF YOUR REQUEST FOR EXTERNAL REVIEW

6. Please provide a summary of your protected disclosure(s) below. *If necessary, please continue on a second sheet of paper. (Do not include classified information on this form or attachments.)*

Attachments:  Yes  No

Total Pages Attached: \_\_\_\_\_

7. Please identify the adverse personnel action or adverse action affecting security clearance, including dates, times, locations, and the person (s) who took the action or who made the threat of any such action. **(Do not include classified information on this form.)**



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8. Please describe how the reprisal allegations you are making are linked to your protected disclosure(s).  
(Do not include classified information on this form.)

9. Please provide a brief summary of the final decision of the agency whose decision you are now seeking to have reviewed. (Do not include classified information on this form.)

10. Please state the reason(s) why you are seeking an external review of the final agency decision regarding your reprisal allegations and identify any factual, legal, or procedural errors as your basis for the requested external review. *If necessary, please continue on a second sheet of paper.*  
(Do not include classified information on this form or attachments.)

Attachments:  Yes  No

Total Pages Attached: \_\_\_\_\_



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### PART 3 – OTHER ACTIONS YOU ARE TAKING ON YOUR CASE

Please indicate in this section if you have filed your complaint with any other office, including other Inspector General offices, and/or Members of Congress. If you have contacted other entities, clearly identify the agency, office, or command, and provide your understanding of the current status of your matter.

1. I have reported this matter to another organization(s)/agency(ies)? \*  Yes  No
2. If yes, which organization(s)/agency(ies)? \_\_\_\_\_
3. When did you report this matter? \_\_\_\_\_
4. What is the status of that complaint?  Open  Under Investigation  Closed  Unknown  
If you have received any responses from those entity(ies), provide copies.

### PART 4 – ADDITIONAL DOCUMENT SUBMISSION DO NOT ATTACH CLASSIFIED INFORMATION TO THIS FORM

1. I am submitting additional documents\*  Yes  No
2. The attached documents are UNCLASSIFIED?  Yes  No  
**If no, contact the [ICIG Hotline](#) for guidance on how to submit a classified complaint.**
3. I will submit supporting documents by  Email  Mail  Fax
4. Total pages attached \_\_\_\_\_



## EXTERNAL REVIEW PANEL (ERP) REQUEST FORM - UNCLASSIFIED

### PART 5 – CERTIFICATION AND SIGNATURE

By signing below, you acknowledge the following:

- \*I understand that, in handling my request, the ICIG will maintain the confidentiality of my identity as required by law. However, I understand the disclosure of my name outside of the ICIG will be necessary in order to fully investigate or take other appropriate official action on the allegations contained within my request for an external review.
- \*I understand that in order to make an initial assessment of my case, the ICIG will request official records about me from other agencies, including, but not limited to, my home agency and any agency that investigated my claims.
- \*I understand that if an ERP is convened, my information will be shared with other Offices of Inspectors General as needed in order to carry out the responsibilities of the ICIG under PPD-19, Section C.
- \*I understand that this form and any supporting documents transmitted to the ICIG will undergo classification review under the *National Security Act of 1947*, 50 U.S.C § 3001 *et seq.*
- \*I certify that all of the statements made in this complaint (including any additional documents or continuation pages) are true, complete, and correct, to the best of my knowledge and belief. I understand that, pursuant to 18 U.S.C. § 1001, knowingly and willfully making a false statement or concealing a material fact in any matter within the jurisdiction of the Executive Branch, including the ICIG, is a criminal offense punishable by a fine of up to \$10,000.00, imprisonment for up to five (5) years, or both.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date