Office of the Inspector General of the Intelligence Community

EXTERNAL REVIEW PANEL (ERP) REQUEST FORM – UNCLASSIFIED

Within 60 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 (IC IG). Pursuant to Section C of Presidential Policy Directive 19 (PPD-19), Protecting Whistleblowers with Access to Classified Information, the IC IG 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 IC IG and is based on the facts and circumstances of the case. For additional background information, please visit 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 **IC IG 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 IC IG; to answer complaints or respond to requests for assistance, advice, or information; by Members of Congress and other government agencies when determined by the IC IG to be in the best interest of the Intelligence Community.

(*) Required Information

1. Contact Information of person requesting External Review to the IC IG

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)* _____

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.)**

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: _____

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 IC IG Hotline for guidance on how to submit a classified complaint.
3. **I will submit supporting documents by** ☐ Email ☐ Mail ☐ Fax
4. **Total pages attached** _____

PART 5 – CERTIFICATION AND SIGNATURE

By signing below, you acknowledge the following:

- ☐ *I understand that in handling my request the IC IG will maintain the confidentiality of my identity as required by law. However, I understand the disclosure of my name outside of the IC IG 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 IC IG 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 IC IG under PPD-19, Section C.
- ☐ *I understand that this form and any supporting documents transmitted to the IC IG 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 IC IG, is a criminal offense punishable by a fine of up to $10,000, imprisonment for up to five years, or both.

_____ _____

Signature Date