MARINE CORPS RECRUIT DEPOT
EASTERN RECRUITING REGION
HOTLINE FORM

Name:

Current Date:

☐ **I wish to Remain Anonymous**

Contact Information
(Phone number, e-mail address, home address etc.)

Location of incident:

Date of incident:

Description of Incident:

Names and Organizations of Individuals Involved:
(If unknown, provide identifying information such as physical description, work area, work vehicle, identification number, etc.)

Source of Information:
(Personal observation, documentation, etc.)

Submit by E-mail | Reset Form | Print Form

To attach documents use the paper clip to the bottom left of your screen

What order/regulation did the subject violate?

Have you attempted to resolve the problem?
(Have you contacted your chain of command, local Command Inspector, or have you tried to resolve your complaint through an established process such as the Bureau of Corrections of Naval Records, Informal Resolution System, EO/EEO or legal system?)
If yes, who have you contacted/notified? (Please provide name/rank, phone number, and/or organization)

What would you like the Command Inspector to do?

Additional Information you wish to provide: