



COMPLAINT REFERRAL MEMORANDUM

(Response Required)

1. Address of Receiving Official Employee Conduct and Compliance Office (ECCO) OS:HC:R:EC 1111 Constitution Avenue N.W., Room 7213/IR Washington, D.C. 20224	2. Date Forwarded <p style="font-size: 1.2em; font-weight: bold;">JUL 19 2010</p>
	3. Date Response Due to TIGTA <p style="font-size: 1.2em; font-weight: bold;">JAN 19 2011</p>

4. TIGTA Complaint Number 55-1007-0052-C	5. IRS Number	6. "1203" Violation Alleged: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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7. Complaint Title or Name of Employee (Subject) COMPLAINT OF DONALD SIGNER	8. Position and Grade
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9. Office (Headquarters)	10. Post of Duty
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11. Remarks

Complaint narrative included. See block 21

12. Name, Signature, Title and Telephone Number of TIGTA Official Scott Sanders ASAC, Complaint Management Team	Tel. (202) 927-7203 Fax (202) 927-7018
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13. Address of the TIGTA Office Referring Complaint Complaint Management Team Post Office Box 589 Ben Franklin Station Washington, DC 20044-0589	The attached information is being forwarded for your review, evaluation and administrative disposition. Dissemination of the information contained within this complaint is restricted. When you have finished with this information, please respond to our office by the date shown, and indicate on this form your disposition of this matter. Please attach any documentation upon which you based the adjudication of this matter. WARNING: The complainant's identity, if included, has been furnished to you solely to assist you in resolving this matter. Further dissemination of the complainant's identity should be only on a need-to-know basis.
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14. Name, Signature and Title of Receiving Official	15. Date Received
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Upon receipt, complete items 14 and 15, then return a copy of this form to the address shown in Item 13.

16. Administrative Action(s) Taken and Effective Date(s) Proposed: <input type="checkbox"/> 1-Clearance Letter <input type="checkbox"/> 2-Closed Without Action Letter <input type="checkbox"/> 3- Admonished /Reprimanded <input type="checkbox"/> 4-Suspension ___ days <input type="checkbox"/> 5-Indefinite Suspension <input type="checkbox"/> 6-Reduction in Grade <input type="checkbox"/> 7-Removal /Termination <input type="checkbox"/> 8-Other (explain in Item 18) <input type="checkbox"/> 9-Resigned in Lieu of Termination/Disciplinary Action <input type="checkbox"/> 10-Separated During Investigation <input type="checkbox"/> 11-Resigned Before Adjudication <input type="checkbox"/> 12-Alternative Discipline <input type="checkbox"/> 13-Closed Without Action Letter with Caution Statement <input type="checkbox"/> 14-Returned - TIGTA agreed to investigate* Effective date(s) _____ Block 22 available for additional comments	Note: * If Action Code "14" is checked, indicate a contact person and telephone number in Item 17 for additional discussion. Include any other relevant information in Item 18. If an agreement on whether to investigate cannot be reached at the TIGTA-SAC level, the matter should be referred to the IRS-Employee Conduct and Compliance Office, which will resolve the matter with the SAC, TIGTA Operations Division. 17. Contact Person and Telephone Number 18. Other Information
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19. Name, Signature, Title and Telephone Number of Returning Official	20. Date Returned to TIGTA
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