

APPENDIX A

**QUALITATIVE ASSESSMENT REVIEW
ORGANIZATIONAL PROFILE**

OIG REVIEWED:

_____	_____
Name	Street Address of Headquarters Office

	City and State

KEY PERSONNEL & TELEPHONE NUMBERS:

_____	_____
Inspector General's Name	Telephone No.
_____	_____
AIGI's Name	Telephone No.
_____	_____
Deputy AIGI's Name	Telephone No.
_____	_____
Facilitator's Name (if designated)	Telephone No.

ORGANIZATION OF INVESTIGATIVE OFFICE ONLY:

Number of Desk Officer(s) (DOs)	_____
	Number
Number of managers/supervisors other than AIGI, Deputy AIGI, DOs	_____
	Number
Number of attorneys/staff other than Special Agents conducting investigations	_____
	Number
Number of special agents/investigators other than managers/supervisors, DOs	_____
	Number
Organizational chart attached?	_____
	Yes or No

