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| DEPARTMENT OF HOMELAND SECURITYU.S. COAST GUARD**ADMINISTRATIVE REMARKS** |
| **PRIVACY ACT STATEMENT**Pursuant to 5 U.S.C. §552a(e)(3), this Privacy Act Statement serves to inform you of why DHS is requesting the information on this form.**AUTHORITY**: 14 U.S.C. § 505**PURPOSE**: To document a USCG service member’s achievements, accomplishments, Uniform Code of Military Justice (UCMJ) infraction(s), or any other USCG military pay or personnel activity.**ROUTINE USES:** Authorized USCG officials will use this information to validate a USCG service member’s achievements, accomplishments, UCMJ infraction(s) or any other USCG military pay or personnel activity. Any external disclosures of information within this record will be made in accordance with DHS/USCG-014, Military Pay and Personnel, 76 Federal Register 66933 (October 28, 2011).**CONSEQUENCES OF FAILURE TO PROVIDE INFORMATION:** Providing this information is voluntary. However, failure to provide this information may result in a delay in administrating this form. |
| Entry Type: Accessions (ACC-22)Reference: Sexual Assault, Prevention, Response, and Recovery (SAPRR) Program, COMDTINST 1754.10 (series)Responsible Level: Recruiter Entry: DDMMMYYYY: The mission of the Coast Guard’s Sexual Assault Prevention, Response, and Recovery (SAPRR) Program is to eliminate sexual assault from our Service. The Coast Guard will ensure that if a sexual assault does occur, we will provide immediate victim support; a responsive and intimidation-free reporting environment; a timely, professional investigation; care and recovery for victims; and accountability for those found to have committed this crime. I have reviewed the SAPRR DEP Recruit Training for enlistment and I understand the Coast Guard’s commitment to fostering an environment free from sexual assault, and further understand that failure to adhere to these standards violates the Coast Guard’s core values and will not be tolerated. First MI. LastNameRecruiterDDMMMYYYY: I acknowledge the above entry. First MI. LastName |
| 1. NAME OF PERMANENT UNIT

      | 1. NAME OF UNIT PREPARING THIS FORM

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| 1. NAME OF MEMBER (Last, First, MI)

      | 1. EMPLOYEE ID NUMBER

      | 1. GRADE/RATE

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Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

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