|  |
| --- |
| 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: Performance and Discipline (P&D-14) – Subsequent Alcohol Incident Reference: Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series)Responsible Level: Unit Entry: DDMMMYYYY: You received an alcohol incident on (enter date) when your abuse of alcohol was determined to be a significant and/or causative factor (describe what happened) The description should include the time, date, location, reason for arrest (i.e., driving under the influence, public intoxication, etc.), BAC (if known), and other pertinent information.You were previously counseled on Coast Guard policies concerning alcohol use and abuse as well as the serious nature of an alcohol incident. The unit Command Drug and Alcohol Representative (CDAR) will arrange an appointment with a provider who will determine the nature of your relationship with alcohol. It is highly recommended that you abstain from the use of alcohol until your screening and assessment is completed. This is considered your second (or third) documented alcohol incident. Your first documented alcohol incident occurred on (enter date). Your second documented alcohol incident occurred on (enter date). You will be processed for separation, in accordance with Chapter 3 of the Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series). A. B. SEA, CAPT, USCGCommanding OfficerDDMMMYYYY: I acknowledge the above entry. FIRST MI. LAST |
| 1. NAME OF PERMANENT UNIT

      | 1. NAME OF UNIT PREPARING THIS FORM

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

      | 1. EMPLOYEE ID NUMBER

      | 1. GRADE/RATE

      |

Scan original into member's OMPF

CG-3307 (09/23)

Expiration: 09/33

PREVIOUS EDITIONS ARE OBSOLETE

Page 1 of 1