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| DEPARTMENT OF HOMELAND SECURITY  U.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-15) – Completed Screening (Incident Referral)  Reference: Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series); Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5  Responsible Level: Unit  Entry:  DDMMMYYYY: You have been screened pursuant to an incident dated (enter date of incident)*.* You should report the results of your screening to future unit Commands/Command Drug and Alcohol Representatives (CDARs).  You have been advised of the contents of the Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series) regarding the policy for an incident and conduct expected of Coast Guard personnel. You have also been advised of the contents of Chapter 4 of the Coast Guard Substance Abuse Prevention and Treatment Manual COMDTINST M6320.5 regarding continued support plans.   |  | | --- | | or achieved (inches) abdominal circumference, or passed the physical fitness test and have successfully met the requirements of the Body Composition Standards for Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series). | | or achieved (inches) abdominal circumference, or passed the physical fitness test and have successfully met the requirements of the Body Composition Standards for Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series). |  |  | | --- | | or achieved (inches) abdominal circumference, or passed the physical fitness test and have successfully met the requirements of the Body Composition Standards for Coast Guard Weight and Body Fat Standards Program Manual, COMDTINST M1020.8 (series). |   A. B. SEA, CAPT, USCG  Commanding Officer  DDMMMYYYY: 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

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