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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: Performance and Discipline (P&D-18) – Refusal of Treatment (Substance Abuse) Reference: Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series); Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5(series); and Military Separations, COMDTINST 1000.4 (series) Responsible Level: Unit Entry: DDMMMYYYY: You have refused the treatment that was recommended by a competent medical authority. By doing so you may be waiving the right to any future medical benefits under the Department of Veterans Affairs related to this refusal.  You will be processed for separation, in accordance with Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series), Coast Guard Substance Abuse Prevention and Treatment Manual, COMDTINST M6320.5 (series) Chapter 4, and Military Separations COMDTINST 1000.4 (series), Chapter 2. A. B. SEA, CAPT, USCGCommanding Officer DDMMMYYYY: I acknowledge the above entry.FIRST MI LAST NAME |
| 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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