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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: Reserve Participation Management (RPM-4), Counseled for failure to complete ASQ  Reference: Reserve Duty Status and Participation Manual, COMDTINST M1001.2 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: On this date, you were counseled for failure to complete the Annual Screening Questionnaire (ASQ) in accordance with the reference listed above. The Commanding Officer / Executive Officer directed all SELRES assigned to (Unit Name) to complete the ASQ between 1 August and 31 October (YYYY) . The Commanding Officer / Executive Officer reminded all SELRES at the October all hands training held on (DATE) . You stated that you were unable to complete the questionnaire due to (enter details as appropriate), but would do so on your next scheduled IDT drill. You have failed to complete the ASQ before the 31 October (YYYY) deadline. Future incidents will result in additional administrative and/or disciplinary actions.  A. B. SEA, CAPT, USCG  Commanding Officer  DDMMMYYYY I acknowledge the above entry and have been afforded the opportunity to review the Reserve Duty Status and Participation Manual, COMDTINST M1001.2 (series).    J. P. JONES | | |
| 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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