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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-13) – Drug IncidentReference: Military Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series)Responsible Level: UnitEntry: DDMMMYYYY: On (enter date) it was determined that you were involved in a drug incident (Describe what happened. The description should include the date, time, location, and other pertinent information used to determine that a drug incident occurred (i.e., a positive confirmed urinalysis test result, prescription drug misuse, member admits).You were counseled on Chapter 5 of the Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series). The unit Command Drug and Alcohol Representative (CDAR) will arrange an appointment with a provider who will determine the nature of your relationship with drugs.You will be processed for separation, in accordance with Chapter 5 of the Military Substance Abuse and Behavioral Addiction Program, COMDTINST 1000.10 (series). If a medical officer determines that you are drug/chemical dependent, you will be offered treatment prior to separation. 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

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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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