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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-31)  Reference: Administrative Investigations Manual COMDTINST M5830.1 (series)  Responsible Level: Unit  Entry:  DDMMMYYYY: Counseled on this date on the Line of Duty (LOD) determination. After reviewing the preliminary inquiry conduct by [RANK/RATE FIRST LAST, unit/depart], I have made the administrative determination that the [injury/illness/disease] reported in the [CG-3822/CG-4614/Letter of Incident Report] dated DDMMMYYYY [was/were] [incurred/aggravated] in the line of duty and not due to the member's own misconduct. In accordance with article 7.H.2 of the Administrative Investigations Manual (COMDTINST M5830.1 (series)), no further investigation is required. This administrative remarks is prepared and submitted in accordance with the same article.       A. B. SEA, YNCM, 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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