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| --- | --- |
| Unit Name  United States Coast Guard | Unit Address  Street address  City, State. Zip Code  Phone:  1750  dd mmm yyyy |

**MEMORANDUM**

From: Commanding Officer, rank

CG Unit

To: Ombudsman Name

Thru:

Subj: TERMINATION OF APPOINTMENT AS OMBUDSMAN.

Ref: (a) Coast Guard Ombudsman Program, COMDTINST 1750.4 (series)

1. In accordance with reference (a) your appointment as <insert command name> ombudsmen is terminated for <***insert reason***>. Behaviors that would warrant immediate termination of an ombudsman would be:

1. Violations of the Code of Conduct
2. Unavailability to command families
3. Failure to participate in training

2. All Coast Guard equipment and supplies issued to you including the (phone/computer/file cabinet/day planner, etc) must be returned to (point of contact) no later than (date). Additionally, the command roster and all PII information is to be turned over to (point of contact) immediately. Outstanding claims for reimbursable expenses should be submitted to (admin staff member).

3. Thank you for your service.

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Copy: HSWL RP Ombudsman Coordinator