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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

CG Unit Name

To: Ombudsman Program Manager (CG-1112)

Thru: Respective PAC/LANT Area POC

Subj: WAIVER REQUEST FOR APPOINTMENT OF UNIT OMBUDSMAN

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

1. In accordance with reference (a), request a waiver to appoint <***insert name here***> as <***insert command here***> ombudsman.

2. In accordance with Enclosure (1) of reference (a), <***insert name here***> meets all waiver request requirements.

a. Lives in the vicinity. Write a short bullet indicating waiver applicant’s connection with the command.

b. Write a short bullet on the waiver applicant’s experience with the USCG and/or other military services.

c. Write a short bullet on waiver applicant’s motivation and interest in being the ombudsman.

d. State that the waiver applicant’s resume/application has been reviewed and demonstrates the appropriate skills and experience for this position.

e. Write a bullet about the command’s efforts to appoint a CG spouse.

3. Closing paragraph should restate the need for an ombudsman and command’s endorsement of the waiver applicant.

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Copy: HSWL RP Ombudsman Coordinator