

MARINE CORPS REQUEST MAST

PRIVACY ACT STATEMENT

Authority: 10 U.S.C. 5014; 10 U.S.C. 5020; SECNAVINST 5430.57 series; SECNAVINST 5370.5 series; and E.O. 9397 (SSN), as amended. [SORN N05041-1](#)

Principal Purpose: To determine the facts and circumstances surrounding allegations or complaints against Department of the Navy personnel and/or Navy/Marine Corps activities. To present findings, conclusions, and recommendations developed from investigations and other inquiries to the Secretary of the Navy, Chief of Naval Operations, Commandant of the Marine Corps, or other appropriate Commanders.

Routine Uses: Information will be disclosed to command personnel with a need to know in order to process, analyze, and take actions in response to requests. Information may be disclosed to the Secretary of the Navy, Chief of Naval Operations, Commandant of the Marine Corps, or other appropriate Commanders with a need to know in order to provide a record of grievances, command decisions, and any subsequent personnel management actions. [A complete list and explanation of the applicable routine uses is published in the authorizing SORN available at http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/570354/n05041-1/.](http://dpcld.defense.gov/Privacy/SORNsIndex/DOD-Component-Article-View/Article/570354/n05041-1/)

Disclosure: Voluntary. However, failure of the applicant to complete all the requested items could result in inaccurate command analysis and delayed command actions.

PART I: REQUEST: COMPLETED BY THE APPLICANT

1. NAME: (Last, First, MI)	2. RANK:	3. EDIPI:
4. UNIT:		
5. I REQUEST MAST WITH: (The Commander with whom you desire to communicate)		
5a. NAME OF COMMANDER (Rank, Full Name)	5b. COMMAND:	
6. SUBJECT MATTER: (Describe your grievance or problem. Include details and facts about the matter. Provide dates and names of any individuals involved, possible witnesses, and to whom this matter may have been previously reported. Attach additional sheets, as needed).		
7. REQUESTED RESOLUTION: (Clearly describe the resolution you seek from the Commander named in block 5a.)		
8. AFFIDAVIT:		
I, , certify the statements in blocks 6 and 7 are true.		
Signature:		Date:

PART II: COMMANDERS' ENGAGEMENT: COMPLETED BY COMMANDER WITHIN THE CHAIN OF COMMAND

9. REQUEST MAST: (While disclosure of the grievance/problem is strictly voluntary, every Commander in the chain of command must offer the Applicant a personal audience. Commanders must acknowledge their engagement below. Only the Commander ultimately selected to provide final disposition and closure will complete block 10.)

9a. FIRST COMMANDER IN CHAIN OF COMMAND:	Print Name 	Rank 	Billet 	Command/Unit Name
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Subject Matter Disclosed? ☐ Yes ☐ No Forward? ☐ Yes ☐ No Denied (if named in 5a.)? ☐ Yes ☐ No

Remarks: (Detail attempts to process or resolve)

Signature: Date:

9b. SECOND COMMANDER IN CHAIN OF COMMAND:	Print Name 	Rank 	Billet 	Command/Unit Name
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Subject Matter Disclosed? ☐ Yes ☐ No Forward? ☐ Yes ☐ No Denied (if named in 5a.)? ☐ Yes ☐ No

Remarks: (Detail attempts to process or resolve)

Signature: Date:

9c. THIRD COMMANDER IN CHAIN OF COMMAND:	Print Name 	Rank 	Billet 	Command/Unit Name
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Subject Matter Disclosed? ☐ Yes ☐ No Forward? ☐ Yes ☐ No Denied (if named in 5a.)? ☐ Yes ☐ No

Remarks: (Detail attempts to process or resolve)

Signature: Date:

9d. IMMEDIATE COMMANDING GENERAL:

Forwarded (if applicable) ☐ Yes ☐ No Denied? ☐ Yes ☐ No

Remarks: (Detail attempts to process or resolve)

Signature: Date:

PART III: FINAL DISPOSITION: ONLY BY THE COMMANDER ULTIMATELY SELECTED BY THE APPLICANT

10. FINAL DISPOSITION: (Detail any actions or attempts to resolve the grievance/problem. Include any referrals for further personnel actions. If an inquiry or investigation was conducted, provide relevant findings. If the request was denied by the Commander specified in block 5a, explain why the matter was inappropriate for Mast.)

Signature: _____

Date: _____

PART IV: APPLICANT'S ACKNOWLEDGEMENT OF FINAL DISPOSITION

11. Applicants must sign the acknowledgement of final disposition or if they wish to voluntarily withdraw their request

- ☐ **Final Disposition by a selected subordinate Commander:** Without any intimidation, coercion, or fear of retaliation, I voluntarily disclosed my Request Mast to a Commander who was subordinate to the Commander I originally requested in block 5a and I accept and fully understand the disposition of my grievance.

Name: _____

Command: _____

- ☐ **Final Disposition by the requested Commander:** My Request Mast was granted and I communicated directly with the Commander specifically named in block 5a. I fully understand the disposition Final Disposition by the requested Commander.

- ☐ **Request Denied:** I understand my Request Mast was denied by the Commander I specifically named in block 5a.

- ☐ **Request Withdrawn:** Without any intimidation, coercion, or fear of retaliation, I voluntarily withdraw my Request Mast.

Applicant Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Print Name (Witness)

Rank

Command/Unit Name