**PRIVACY ACT STATEMENT**

The authority for requesting the following information is contained in 5 U.S.C. sec. 301, 10 U.S.C. 5947, 44 U.S.C. sec. 3101, and Executive Order No. 9397. This information will be used to document quality force counseling actions not prescribed in other directives. Department of the Navy personnel may also use the information for evaluations and determinations in disciplinary, punitive and/or administrative actions. Disclosure of this information is voluntary.

<table>
<thead>
<tr>
<th>MIDN COUNSELED (LAST, FIRST, MI)</th>
<th>CLASS</th>
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<tbody>
<tr>
<td>MIDN COUNSELOR (LAST, FIRST, MI)</td>
<td>CLASS/BILLET</td>
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</table>

**TYPE OF CHIT**

- [ ] FORMAL
- [ ] INFORMAL

**REASON FOR COUNSELING**

- [ ] PERFORMANCE
- [ ] PERSONAL BEHAVIOR
- [ ] APPEARANCE
- [ ] BEARING/DISCIPLINE
- [ ] OTHER (Specify):

**REASONS WHICH CAUSED THE COUNSELING REQUIREMENT**

*(Give facts, details, sequence of events, specific dates, etc.)*
PLAN (DEVELOPED BY THE MEMBER AND COUNSELOR) TO CONTINUE SUPERIOR
PERFORMANCE OR TO OVERCOME PROBLEM(S) AND PRECLUDE FUTURE INVOLVEMENT
(Outline all resolutions discussed and indicate which actions the member has personally elected to pursue.)

Signature of Counselor/Date                        Signature of Member/Date

I do / do not desire to make a statement.

Signature of Member/Date