



UNITED STATES MARINE CORPS  
III MEF SUPPORT BATTALION  
III MEF INFORMATION GROUP  
III MARINE EXPEDITIONARY FORCE  
UNIT 35607  
FPO AP 96385-0700

IN REPLY REFER TO:  
BnO 1700.1  
CO  
22 Mar 18

III MEF SUPPORT BATTALION ORDER 1700.1

From: Commanding Officer  
To: Distribution List

Subj: III MEF SUPPORT BATTALION LEVEL REQUEST MAST INITIATING  
DIRECTIVE

Ref: (a) MCO 1700.23F  
(b) NAVMC 1700.23

Encl: 1. NAVMC Form 11296

1. Situation. This order represents the initiating directive for the Commandant's Request Mast Program.

2. Mission. To preserve the right of all Marines to directly communicate grievances, or seek assistance from their Commanding Officers as exercised through the formal process of request mast.

3. Execution

a. Commander's Intent and Concept of Operations

(1) Commander's Intent. This order is to be used by all members of III MEF Support Battalion (MSB) for the purpose of exercising request mast with the Commanding Officer.

(2) Concept of Operations. Request Mast applications will be submitted using NAVMC Form 11296 via the chain of command to the Commanding Officer with who the request is desired.

(a) Coordinating Instructions. All members of III MSB exercising request mast shall do so utilizing the references, which describes the process and procedural aspects of request mast and the enclosure, which describes the command's specific elements.

(b) All personnel have the right to request mast before the Commanding Officer, III MSB as set forth in references.

(3) Tasks

Subj: III MEF SUPPORT BATTALION LEVEL REQUEST MAST INITIATING  
DIRECTIVE

(a) Executive Officer/ Sergeant Major/S-1 Chief

1. Provide administrative assistance as delineated in the enclosure.
2. Ensure this directive is posted on all Troop Information Board and readily available to all personnel.
3. Facilitate the process of request mast applications to the Commanding Officer for consideration.

(b) Officers in Charge/Staff Non-Commissioned Officers in Charge

1. Ensure all personnel are familiar with this directive and the associated Command Specific Elements.
2. Facilitate presenting Marines in front of the Command Officer in order to execute their right to request mast.

4. Administration and Logistics. Submit all recommendations concerning this BnO to the III MSB Sergeant Major via the appropriate chain of command.

5. Command and Signal.

- a. Command. This order is applicable to all III MSB personnel.
- b. Signal. This order is effective the date signed.



M. J. KESSLER

**MARINE CORPS REQUEST FOR 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. <http://dpold.defense.gov/Privacy/SORNS/Index/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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. UNIT:

5. I REQUEST MAST WITH: (The Commander with whom you desire to communicate)

5.a. NAME OF COMMANDER (Rank, Full Name)	5.b. COMMAND:
<input type="text"/>	<input type="text"/>

6. SUBJECT MATTER: (Describe your grievance or problem. Include details and facts about the matter. Provide dates and name of any individuals involved, possible witnesses, and to whom this matter may have been previously reported).

7. REQUESTED RESOLUTION: (Clearly describe the resolution you seek from the Commander Officer named in Block 5a.)

8. AFFIDAVIT:

I, , have read this statement which contains Blocks 6 and 7. I fully understand the statement made by me and certify the statement is true. I have initialed all corrections. I make this formal statement without threat of punishment and without coercion or unlawful influence.

Signature:  Date:

ENCLOSURE (1)

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

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

9a. COMMANDER, COMPANY LEVEL:

Subject Matter Disclosed?  Yes  No Forward?  Yes  No Denied (if named in 5a)?  Yes  No

Remarks: (Detail attempts to process or resolve)

Empty space for remarks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9b. COMMANDER, BATTALION, SQUADRON LEVEL:

Subject Matter Disclosed?  Yes  No Forward?  Yes  No Denied (if named in 5a)?  Yes  No

Remarks: (Detail attempts to process or resolve)

Empty space for remarks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9c. COMMANDER, REGIMENT LEVEL:

Subject Matter Disclosed?  Yes  No Forward?  Yes  No Denied (if named in 5a)?  Yes  No

Remarks: (Detail attempts to process or resolve)

Empty space for remarks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

9d. IMMEDIATE COMMANDING GENERAL :

Forwarded (if applicable)  Yes  No Denied?  Yes  No

Remarks: (Detail attempts to process or resolve)

Empty space for remarks.

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 5.a, explain why the matter was inappropriate for Mast.)

[Empty space for final disposition details]

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 for 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 for Mast was granted and I communicated directly with the Commander specifically named in Block 5a. I fully understand the disposition or probable disposition of my grievance.

**Request Denied:** I understand my request for 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 for Mast.

Applicant Signature:  Date:

Witness Signature:  Date:

[Empty space for additional notes]

MARINE CORPS REQUEST MAST APPLICATION		
NAVMC 11296 (Rev. 6-97)		
SN: 0000-00-888-0350 U/I: EA		
<b>PRIVACY ACT STATEMENT</b>		
Authority:	Title 5, U. S. Code 301; Title 10, USC Section 5013	
Principal Purpose:	Formal filing of complaints/problems to command personnel.	
Routine Uses:	To provide a record to facilitate personnel management actions and decisions; to serve as a data source for complaint/problem information and resolution efforts.	
Disclosure:	Disclosure is voluntary. Failure to complete the requested items could result in delayed command action and/or an inaccurate/incomplete analysis of the complaint/problem.	
<b>PART I: TO BE COMPLETED BY THE APPLICANT</b>		
1. NAME:	2. RANK:	3. SSN:
4. UNIT:	5. RACE/ETHNIC GROUP:	
6. GENDER:	7. DATE:	
8a. I desire to Request Mast with: (Provide the name and billet of the Commanding Officer with whom you desire to communicate.):		
8b. NATURE OF COMPLAINT/PROBLEM: (Give in as much detail as possible the basis of your complaint; describe the incident(s)/behavior(s) and date(s) of the occurrence(s); the names of the individuals involved, witnesses and to whom it may have been previously reported. Include any other information relevant to your complaint/problem. Attach additional sheets, as needed).		
8c. REQUESTED REMEDY/OUTCOME: (Clearly state what assistance or complaint resolution you are seeking from the commanding officer named in 8a above.)		
9. AFFIDAVIT		
I, _____, have read this statement which begins in Block 8b on this page (page 1) and ends on page _____. I fully understand the statement made by me and certify the statement is true. I have initialed all corrections. I make this formal statement without threat of punishment and without coercion, unlawful influence, or unlawful inducement.		
_____ (SIGNATURE OF APPLICANT/DATE)		

**PART II: TO BE COMPLETED BY THE OFFICER CONDUCTING REQUEST MAST**

10. DISPOSITION: (Provide a detailed explanation of actions taken or attempted to resolve the complaint/problem, to include any other referrals. If an inquiry/investigation was initiated as a result of this complaint, provide the type conducted and the results. Attach additional sheets as necessary.)

\_\_\_\_\_  
COMMANDING OFFICER SIGNATURE/DATE

**PART III: APPLICANT'S ACKNOWLEDGMENT OF REQUEST MAST**

(Applicant should initial/complete the appropriate statement(s))

\_\_\_\_\_ I have had the opportunity to communicate directly with my Commanding Officer named in Block 8a and understand the disposition or probable disposition of my problem/complaint.

\_\_\_\_\_ I have had the opportunity to communicate directly with \_\_\_\_\_  
(name and billet of commanding officer subordinate to officer named in Block 8a), understand the disposition or probable disposition of my problem/complaint, and voluntarily withdraw this Request Mast.

\_\_\_\_\_ I have not had the opportunity to communicate directly with my Commanding Officer named in Block 8a.

\_\_\_\_\_ I have had the opportunity to communicate directly with my Commanding Officer named in Block 8a but have not been informed of the disposition or probable disposition of my problem/complaint.

\_\_\_\_\_  
WITNESS' SIGNATURE/DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE/DATE