

## COMMANDER'S REPORT OF DISCIPLINARY OR ADMINISTRATIVE ACTION

For use of this form, see AR 190-45; the proponent agency is the Office of the Provost Marshal General.

### PRIVACY ACT STATEMENT

**AUTHORITY:** Title 10 USC Section 301; Title 5 USC Section 2951; E.O. 9397 dated November 22, 1943.

**PRINCIPAL PURPOSE:** To provide commanders and law enforcement officials with means by which information may be accurately identified.

**ROUTINE USES:** Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.

**DISCLOSURE:** Disclosure of your Social Security Number is voluntary.

### 1. CONTROL INFORMATION

Thru:	USACRC Number:	
To:	MP Report Number:	
	Sub-Installation:	
Referred By:	Referral Date (YYYYMMDD) :	Suspense Date (YYYYMMDD) :

The first Lieutenant Colonel in the chain of command is responsible and accountable for completing DA Form 4833 with support documentation (copies of Article 15s, court-martial orders, reprimands, etc) for all USACIDC investigations. The unit and brigade commander or their equivalent will also receive a copy of the DA Form 4833 for all USACIDC investigations.

Company, troop, and battery level commanders are responsible and accountable for completing DA Form 4833 with supporting documentation in all cases investigated by MPI, civilian detectives employed by the Department of the Army, and the PMO. Accurate and complete DA 4833 disposition reports are required to meet installation, command, HQDA, DOD, and federal statutory reporting requirements. The data is used to identify crime trends, establish command programs in law enforcement and other activities, and to ensure that resources are made available to support commanders who must address issues of soldier and family member indiscipline.

In court-martial cases, a conviction of an offense at court-martial may be for a different, or lesser included offense. List the offense for which the individual was convicted at court-martial in the remarks section. Provost Marshals must enter the "MP Report Number" (Block-1) for all cases referred to commanders. "Sub-Installation" (Block-1) is used to enter report number from a civilian law enforcement agency police report. Other information on the civilian law enforcement agency (e.g. civilian law enforcement agency address) may be entered in the remarks section.

### 2. OFFENDER INFORMATION

Last Name:	Cadency:	
First Name:	Grade:	
Middle Name:	SSN:	Date of Birth: (YYYYMMDD) :

### 3. REFERRAL INFORMATION

**Commander Decision Date:**

No.	Offense	Basis	Date	Sexual Harassment	Action Taken	Reason
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**3. REFERRAL INFORMATION (Continued)**

No.	Offense	Basis	Date	Sexual Harassment	Action Taken	Reason
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**NOTE:** For each offense marked NO for action taken, you must supply a reason.

If you selected "Yes" for any offense, continue to "Action Taken" (Block-4). If you selected "No" for ALL offenses, go directly to "Commander's Remarks" (Block-10), sign, date, and return the form to the agent specified in "Referred By" (Block-1).

**4. ACTION TAKEN**

- Administrative**  
 Non-Adverse Referrals  
 Adverse Personnel Actions
- Non-Judicial (Article 15)**  
*(see details below)*
- Judicial**  
 Court Martial or Civilian Criminal

**Non-Judicial Punishment Authority (select one):**

- Summarized  
 Company Grade  
 Field Grade  
 Principal Assistant
- GCMCA Imposed  
 General Officer Imposed

**Judicial Punishment Authority (select one):**

- Summary Court Martial  
 Special Court Martial  
 Civilian Criminal/Magistrate
- General Court Martial

**5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome**

No.	Charged Offense	Plea	Finding Offense	Trial Finding

**PLEA:** G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion, **TRIAL FINDING:** DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

5. NJP/Court-Martial/Civilian Criminal Court Proceeding Outcome (Continued)

No.	Charged Offense	Plea	Finding Offense	Trial Finding

**PLEA:** G=Guilty, C=No Contest, N=Not Guilty, D=Pre-Trial Diversion, **TRIAL FINDING:** DCV=Dismissed (Civil), DCR=Dismissed (Criminal), P=Finding for Plaintiff, F=Finding for Respondent, G=Guilty, C=No Contest, N=Not Guilty, S=Settlement

6. ADMINISTRATIVE ACTIONS

Non-Adverse:

Agency	Date Referred (YYYYMMDD)	Date Responded (YYYYMMDD)	Date Imposed (YYYYMMDD)	Type of Action	Oral	Written	
						Local	OMPF
Family Advocacy				Counseling/Concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Abuse				Reprimand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special Referral				Censure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equal Opportunity				Admonition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Office							
Mental Health							
Relief Agency							

Adverse:

Date Imposed (YYYYMMDD)	Description
	Withholding of Privileges
	Adverse Performance Evaluation (OER/NCOER/Academic Report)
	Relief for Cause (OER/NCOER)
	Mandatory Reassignment
	Transfer (such as rehabilitative)
	Adverse Record Entry - Flag
	Denial of Reenlistment or Continued Service
	Withholding of Promotion
	Delay of Promotion
	Promotion Revocation
	Clearance Revocation
	Control Roster (downgrade of clearance, PRP reclassification)
	Resignation
	Retirement
	Retirement at Lower Grade From: _____ To: _____
	Transfer to Inactive Reserve
	Military Occupational Specialty Reclassification
	Debarment Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years

**6. ADMINISTRATIVE ACTIONS (Continued)**

**Adverse:** (Continued)

Date Imposed (YYYYMMDD)	Description
	Job Termination
	Job Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Leave Without Pay Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Loss of Warrant
	Voluntary Disclosure
	Restitution (to US Government) Amount:
	Restitution (to third party Non-US Government) Amount:
	Civil-Civil Action Initiation
	Other (return to states, etc.)
	Contract Suspension Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Contract Termination
	Cost Adjustment Amount:
	Bid Rejection
	Recoupment Amount:
	Denial of Continuation
	Other Contract Action

**7. DETAILS OF ADMINISTRATIVE SEPARATION**

Date Imposed (YYYYMMDD) :	Regulation:	Chapter:
Characterization:		Effective Date (YYYYMMDD):

**NOTE:** Proceed to Commander's Remarks (Block-10) if you chose Administrative Action.

**8. NON-JUDICIAL/JUDICIAL SANCTIONS**

Date Adjudged (YYYYMMDD)	Sanction	
	Fine	Amount:
	Forfeiture	Amount: Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months
	Extra Duty	Days:
	Restriction	Days:
	Correctional Custody	Days:
	Confinement	Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Bad Conduct Discharge	Effective Date:
	Dishonorable Discharge	Effective Date:
	Reduction in Grade	From:
		To:
	Probation	Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Special Assignment	Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years
	Total Forfeiture (all pay/allowance)	Duration: <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> Years <input type="checkbox"/> Life
	Death	
	Civil Recovery	Amount:
	Civil Award	Amount:

9.

SUSPENDED SANCTIONS

Were Any Sanctions Suspended?  Yes  No

NOTE: If no sanctions were suspended, proceed to "Commander's Remarks" (Block-10).

Suspended Sanction	Suspended Sanction Information	
Fine	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	
	Suspension Conditions:	
Forfeiture	Date Suspended:	Suspension Duration:
	Suspended Portion US\$:	Suspended Portion Time:
	Suspension Conditions:	
Extra Duty	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Restriction	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Correctional Custody	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Confinement	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Reduction in Grade	Date Suspended:	Suspension Duration:
	Suspension Conditions:	
Probation	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Special Assignment	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Total Forfeiture	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Civil Recovery	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	
Civil Award	Date Suspended:	Suspension Duration:
	Suspended Portion Time:	
	Suspension Conditions:	

10.

Commander's Remarks

USASCRC Number:

Sanction:

11.

COMMANDING OFFICER

Was a DNA sample collected from the offender?  Yes  No

Name:

Grade:

AKO e-Mail Address:

Signature:

Signature Date (YYYYMMDD) :