

STATEMENT
EXCHANGE FORM 3900-017

AGENCY DISCLOSURE NOTICE

The public reporting burden for this collection of information, 0702-0138, is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 7013, *Secretary of the Army*; 10 U.S.C. 9013, *Secretary of the Air Force*; Army Regulation 215-8/AFI 34-211(I), *Army and Air Force Exchange Service Operations*; *Federal Claims Collection Act of 1966* (Pub.L. 89-508, as amended); *Debt Collection Act of 1982* (Pub.L. 97-365, as amended), as codified in 31 U.S.C. §3711, *Collection and Compromise*; 31 CFR 285.11, *Administrative Wage Garnishment*; E.O. 12196, DoD Instruction 1330.21, *Armed Services Exchange Regulations*; DoD 7000.14-R, *Department of Defense Financial Management Regulation Volume 13, Nonappropriated Funds Policy* and Volume 16, *Department of Defense Debt Management*; Army Regulation 27-20, Chapter 4, *Legal Service Claims*; Air Force Instruction 51-501 implementing Air Force Policy Memorandum AFPD51-5, Section A, *Administrative Claims*; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To record incidents involving Government property such as alleged unrecorded concession theft, larceny, and alleged employee theft; employee and concessionaire misconduct; fraudulent activities; and claims of workplace violence which could result in further administrative actions or civil/criminal prosecution. Information is used for the investigative purposes of recouping damages, correcting deficiencies, initiating appropriate disciplinary action; and for managerial and statistical reports.

ROUTINE USE(S): Your records may be disclosed outside of DoD pursuant to Title 5 U.S.C. §552a(b)(3) regarding DoD "Blanket Routine Uses" published at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. This system of records contains individually identifiable health information.

DISCLOSURE: Voluntary, however, refusal to provide information, concealment, or misrepresentation of material facts reported on this statement may impede the investigation.

A copy of the **Privacy Impact Assessment (PIA)** for the collection of information may be located at <https://www.aafescom/about-exchange/public-affairs/FOIA/assessments.htm>.

SYSTEM OF RECORD NOTICE: Exchange 0409.01 "Exchange Accident/Incident Reports":
<http://dpcl.d.defense.gov/Privacy/SORNsIndex/?Category=11160&Page=8>

INSTRUCTIONS

1. Please review the attached detailed instructions before completing the attached statement.
2. Follow any verbal instructions provided to you by your interviewer or local authority.
3. Complete the statement in its entirety.
4. When directed and only after verifying the accuracy of the information, initial each page and sign as Directed by your interviewer or local authority.
5. You may ask for a copy of your statement from your interviewer or local authority.
6. Direct all questions to your interviewer or local authority.

Acknowledge of receipt:

Detailed Instructions

Completions of Exchange Form 3900-017

Please be certain to read the Agency Disclosure Notice and Privacy Act Statement before completing.

A witness should report and furnish information on this statement freely without hope, benefit or reward, whether favorable or unfavorable, regarding matters of official interest as may be required by competent authority.

Your interviewer will complete most of the top of the statement other than your name and personal information.

Please complete the following sections of the form.

1. Type or print all information in ink. Please make sure the information is complete and accurate.
2. Name section: Include your first name, middle initial and last name.
3. DOH (Date of Hire); If an AAFES Associate, please put your hire date, otherwise leave blank.
4. If you are a military service member or an AAFES associate, please also complete your grade and position in the area requested.
5. After given directions from your interviewer or local authority, please complete your statement to the best of your knowledge. Include actions involved in the incident or inquiry being questioned about.
 - a. Your statement should be honest, given without coercion, influence or inducement.
 - b. Please be clear providing enough detail to substantiate your answers to questions or display your view of the incident/inquiry.
 - c. If at all possible, please specify dates and times of occurrences.

Upon completion of your statement submit it to your interviewer or local authority who will read and review it. When the statement is returned to you, please review and if you have nothing to add or change, initial each page and sign the last page. Be sure to read the text above the signature page before signing. Present the statement again to your interviewer who will then sign the form.

You are entitled to a copy of the statement upon request.

ARMY AND AIR FORCE EXCHANGE SERVICE STATEMENT				INTERVIEW CONDUCTED AT:			
FIRST NAME, MI, LAST NAME:			GRADE		POSITION		
		DOH	DICP		INTERVIEW BEGAN		
INSTALLATION ASSIGNED:		BRANCH NAME/NUMBER		HOUR	DAY	MONTH	YEAR
INTERVIEWED BY:		NATURE OF INQUIRY					
STATEMENT							

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I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, influence or inducement. I further state that I have read the entire statement, initialed all pages and corrections, and that it is correct and true as written. Furthermore, I understand that refusal to provide information/concealment or misrepresentation of material facts in a report or statement will constitute grounds for separation for cause or other disciplinary action.

WITNESSES:

INTERVIEW CONCLUDED: HR _____ DAY _____ MONTH _____ YR _____

Signature

Signature or Interviewee



INITIAL EACH PAGE _____

PAGE _____ OF _____ PAGES