[USMC Letterhead here]

Date, 2021

Dear (Rank) Lastname,

The strength of our Corps comes from the individual Marine. I, along with senior leadership, am committed to the health and well-being of all Marines. This includes ensuring your workplaces are free from sexual harassment and sexual assault. As an organization, we remain focused on reinforcing positive, constructive behaviors while eliminating behaviors that threaten our readiness to remain a ready and lethal fighting force.

To support our efforts in protecting the well-being and healthy work environments for all Marines, I invite you to take the congressionally mandated Workplace and Gender Relations Survey.

To participate:

- 1. Go to www.dodsurveys.mil on any computer, tablet, or smartphone
- 2. Log in with your unique Ticket Number: [XXXXXXXX]
- 3. Complete the survey by Date, 202X to be removed from the contact list

This survey helps me and senior leadership develop an understanding of the prevalence of sexual assault and sex-based Military Equal Opportunity violations that affects Marines' lives. **We need your voices** to help us gather more information that will assist us in addressing these ongoing issues. Participation in the survey is voluntary and survey results are reported in aggregate only, meaning data is not shared with commanders or senior leadership. **Your responses will remain confidential.**

I know you are very busy, so I truly appreciate you taking the time to complete this survey. Thank you for your service and your commitment to the Marine Corps and to our Nation.

Semper Fidelis,

David H. Berger

General David H. Berger, Commandant of the Marine Corps

Title 10 U.S. Code Section 481 mandates that the DOD conduct a survey on workplace and gender issues of active duty members every 2 years. To verify the authenticity of this survey, call 372-2014 from any DOD or other government telephone with DSN. If you do not have access to a DSN telephone line, and if you have you have any questions about this survey, please call our Survey Processing Center at 1-800-881-5307, or e-mail WGR-Survey@mail.mil.

[USMC LETTER HEAD HERE]

Date, 2021

Ticket Number: [XXXXXX]

Dear (Rank) Lastname,

My duty is to take care of Marines. That is why I am personally writing to remind you of a unique opportunity to help me accomplish this goal. If you have already completed this survey, I thank you. If not, please respond as soon as you can. This survey is considered **Official Business** and can be taken online on any government or personal device or by filling out the enclosed survey form:



Go to **www.DoDsurveys.mil** on any computer, tablet, or smartphone.



Fill out the survey and mail it back in the pre-paid envelope.

We	need	your
res	ponse	ı

In the Marines, we accomplish any mission we are given. This survey is our mission. Today, I need you to add your voice to the thousands of your fellow Marines that have already responded. Your participation is voluntary and appreciated.

Response is confidential

Your responses on this survey will be kept confidential and will never be shared with anyone in your unit or command. This survey has received a federal "Certificate of Confidentiality."

Your response matters

Your input will be added to responses from other Marines to help our senior leaders and members of Congress shape future policies, programs, and trainings that impact you and your fellow Marines.

Thank you for your prompt response and for your service.

Semper Fidelis,

Troy E. Black

Troy E. Black Sergeant Major of the Marine Corps Title 10 U.S. Code Section 481 mandates that the DoD conducts a survey on workplace and gender issues of military members every 2 years. To verify the authenticity of this survey, OMB Control Number: 0000-0000, call 372-2014 from any DOD or other government telephone with DSN. If you do not have access to a DSN telephone line, and if you have you have any questions about this survey, please call our Survey Processing Center toll-free at 1-800-881-5307, or e-mail <a href="https://www.wgr.ncenter.org/wgr.nc

[MARINE CORPS LETTERHEAD HERE]

Date

Ticket Number: [XXXXXX]

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