FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 2775; DoD Directive 7200.11; EO 9397.

PRINCIPAL PURPOSE(S): To officially report the facts and circumstances supporting the assessment of financial charges for the loss, damage, or destruction of DoD-controlled property. The purpose of soliciting the SSN is for positive identification.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, refusal to explain the circumstances under which the property was lost, damaged, or destroyed may be considered with other factors in determining if an individual will be held financially liable.

1. DATE INITIATED *(YYYYMMDD)*	2. INQUIRY/INVESTIGATION NUMBER	3. DATE LOSS DISCOVERED *(YYYYMMDD)*

4. NATIONAL STOCK NO.	5. ITEM DESCRIPTION	6. QUANTITY	7. UNIT COST	8. TOTAL COST
				0.00

9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS *(X one)* ☐ LOST ☐ DAMAGED ☐ DESTROYED
(Attach additional pages as necessary)

10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES *(Attach additional pages as necessary)*

11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10

a. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)*	b. TYPED NAME *(Last, First, Middle Initial)*	c. DSN NUMBER
	d. SIGNATURE	e. DATE SIGNED

12. *(X one)* ☐ **RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS)** ☐ **REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)**

a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED *(X one)* ☐ YES ☐ NO	b. COMMENTS/RECOMMENDATIONS	
c. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)*	d. TYPED NAME *(Last, First, Middle Initial)*	e. DSN NUMBER
	f. SIGNATURE	g. DATE SIGNED

13. APPOINTING AUTHORITY

a. RECOMMENDATION *(X one)* ☐ APPROVE ☐ DISAPPROVE	b. COMMENTS/RATIONALE	c. FINANCIAL LIABILITY OFFICER APPOINTED *(X one)* ☐ YES ☐ NO
d. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)*	e. TYPED NAME *(Last, First, Middle Initial)*	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

14. APPROVING AUTHORITY

a. RECOMMENDATION *(X one)* ☐ APPROVE ☐ DISAPPROVE	b. COMMENTS/RATIONALE	c. LEGAL REVIEW COMPLETED IF REQUIRED *(X one)* ☐ YES ☐ NO ☐ N/A
d. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)*	e. TYPED NAME *(Last, First, Middle Initial)*	f. DSN NUMBER
	g. SIGNATURE	h. DATE SIGNED

15. FINANCIAL LIABILITY OFFICER

a. FINDINGS AND RECOMMENDATIONS *(Attach additional pages as necessary)*

b. DOLLAR AMOUNT OF LOSS	c. MONTHLY BASIC PAY	d. RECOMMENDED FINANCIAL LIABILITY

e. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)*	f. TYPED NAME *(Last, First, Middle Initial)*	g. DSN NUMBER
	h. DATE REPORT SUBMITTED TO APPOINTING AUTHORITY *(YYYYMMDD)*	i. DATE APPOINTED *(YYYYMMDD)*
	j. SIGNATURE	k. DATE SIGNED

16. INDIVIDUAL CHARGED

a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND *(X one)*

☐ Submit the attached statement of objection. ☐ Do not intend to make such a statement.

b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.

c. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)*	d. TYPED NAME *(Last, First, Middle Initial)*	e. SOCIAL SECURITY NUMBER
	g. SIGNATURE	h. DATE SIGNED
f. DSN NUMBER		

17. ACCOUNTABLE OFFICER

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

b. ORGANIZATIONAL ADDRESS *(Unit Designation, Office Symbol, Base, State/Country, Zip Code)*	c. TYPED NAME *(Last, First, Middle Initial)*	d. DSN NUMBER
	e. SIGNATURE	f. DATE SIGNED