

## COMPLAINTS ACTION TRACKING SYSTEM USER ACCOUNT REQUEST INSTRUCTIONS

- 1) Are you adding a new account, modifying an existing account or inactivating an existing account? Select One
- 2) Enter the User's Last Name, First Name, Middle Initial (MI) into the appropriate blocks
- 3) Enter the User's Social Security Number (SSN) in the appropriate block. (Do not enter the dashes)
- 4) Enter the Pay Plan, Series and Grade of the User
- 5) Enter the name of the User's Activity
- 6) Enter the User's Activity Code
- 7) Enter the Position Title of the User
- 8) Enter the Users City of Birth-This is used for security purposes for password resets
- 9) Enter the Work Mailing Address of the User
- 10) Enter the Phone number of User, both commercial and DSN
- 11) Enter the FAX number of User, both commercial and DSN
- 12) Enter the complete E-mail address of the User
- 13) Circle the appropriate servicing office for User
- 14) Please identify if User is a Headquarters employees or Operational level employee by circling one of the choices
- 15) Please check CIVDOD EEO USER-CATS
- 16) Please have user sign acknowledging responsibility
- 17) Please have user's supervisor sign acknowledging approval for request
- 18) Please fax forms to (703) 767-6441 DSN 427-6441 Attention Lynne Horton or mail the forms to:

Defense Logistics Agency  
8725 John Kingman Rd  
J-14 Attn: Lynne Horton  
Room 3516  
Fort Belvoir, VA 22060

## COMPLAINTS ACTION TRACKING SYSTEM USER ACCOUNT REQUEST

|   |   |   |
|---|---|---|
| New Account <input type="checkbox"/>  | Modify Existing Account <input type="checkbox"/>  | Inactivate Account <input type="checkbox"/> |
| <b>USER INFORMATION</b>   |   |   |
| Name ( <i>Last, First MI</i> ) :  |   | SSN:  |
| Activity:   |   | Activity Code:                              |
| Position Title:   |   |   |
| City of Birth for Password Reset Authentication:  |   |   |
| Work Mailing Address:   | Phone ( <i>Com &amp; DSM</i> ):   | E-mail Address:                             |
|   | FAX: ( <i>Com &amp; DSM</i> )   |   |
| <b>EEO Office (<i>Circle One</i>):</b><br>DDC                      DLIS<br>HQ                        DSCP<br>DSCR                    DCMA EAST<br>DSCC                    DCMA WEST<br>DRMS                    DCMA HQ          | <b>Type of Employee (<i>Circle One</i>):</b><br><br>Headquarters Level<br><br>Operational Level |   |
| <b>Please Check Only One:</b><br><br><input type="checkbox"/> <b>CIVDOD EEO USER – CATS</b>   |   |   |
| I assume the responsibility for the data and system to which I am granted access. I will not exceed my authorized access. I understand my obligation to protect my personal password to the Complaints Action Tracking Systems. |   |   |
| Requester's Signature:  |   | Date:                                       |
| I certify this user requires access as requested in the performance of his/her job function.  |   |   |
| Supervisor Signature:   |   | Date:                                       |
| EEO POC SIGNATURE: ( <i>J-14</i> )  |   | Date ( <i>EEO POC Completed</i> ):          |

### PRIVACY ACT STATEMENT

Public Law 99-474, the counterfeit Access Device and Computer Fraud and Abuse Act of 1984, authorized collection of this information. The information will be used to verify that you are an authorized user of a Government automated information system (AIS) and/or to verify your level of Government security clearance. Although disclosure of the information is voluntary, failure to provide the information may impede or prevent the processing of your Modern DCPDS User Account Request. Disclosure of records or the information contained therein may be specifically disclosed outside the DOD according to the "Blanket routine Uses" set for at the beginning of the DISA compilation of systems of records, published annually in the Federal Register, and the disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act.