

Please contact the Ombudsman Coordinator at SDFFSCombudsman@us.navy.mil or (619) 556-7230

Ombudsman Contact Information

Ombudsman contact information will be released when FFSC is contacted by a person wanting to reach your Command

Today's Date:	Date Appointed:
Your position: <input type="checkbox"/> Ombudsman <input type="checkbox"/> Leadership Spouse <input type="checkbox"/> Prospective Ombudsman	
Ombudsman Name:	
Full Name of Your Command <i>(Please spell out all acronyms):</i>	
Ombudsman Phone Number: <i>(**If using a personal number – please list under personal information & authorize use):</i> Do not list personal number here	
Ombudsman Email Address: Do not list personal email here	
Ombudsman Personal Information: <input type="checkbox"/> Personal Phone: <input type="checkbox"/> Personal Email: <small>**Check if authorized to provide for ombudsman</small>	Completed Ombudsman Basic Training? <input type="checkbox"/> OBT (In-Person) <input type="checkbox"/> eOBT (Online) <input type="checkbox"/> Awaiting Training Date Completed:

Co-Ombudsman Information

May not apply if only one Ombudsman is assigned to the command

How many Ombudsmen does your Command have (including you)? Please list all other appointed Ombudsmen:	2. Co-Ombudsman Name: Phone: Email: <input type="checkbox"/> Authorized to provide contact information for ombudsman purposes.
1. Co-Ombudsman Name: Phone: Email: <input type="checkbox"/> Authorized to provide contact information for ombudsman purposes.	3. Co-Ombudsman Name: Phone: Email: <input type="checkbox"/> Authorized to provide contact information for ombudsman purposes.

Command Contact Information

CO/OIC Contact Information: Name: Rank/Position/Title:	Email: Phone: <input type="checkbox"/> <i>Check to be entered into Ombudsman Registry</i>
XO/CSO/COS Contact Information: Name: Rank/Position/Title:	Email: Phone: <input type="checkbox"/> <i>Check to be entered into Ombudsman Registry</i>
CMDCM/CMDCS/COB/SEL Contact Information: Name: Rank/Position/Title:	Email: Phone: <i>(Will be entered into Ombudsman Registry)</i>

Required Documents

Coordinator Use

Appointment Letter OBT/eOBT Certificate OIF (this form) DD 2793 (Command must maintain – optional to provide to OMB Coordinator)	Master Distro Registry Binder
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