

Fort McCoy GREEN BOOK



Unit Commander's Sexual Assault Response Quick Reference Guide

HAVE YOUR UNIT MEMBERS DOWNLOAD THE NEW “WE CARE FORT MCCOY” APP

The “We Care Fort McCoy” app, is tailored for Soldiers, Family Members, and civilians at Fort McCoy, it has buttons to take them directly to the National Suicide Prevention Hotline, the SHARP 24/7 hotline , the on-call chaplain, Mayo Health System (for Sexual Assault Forensic Exams [SAFE]) and the on-call Family Advocacy Program (FAP) advocate.

In addition, there are buttons for the Department of Defense Safe Helpline, which provides information for witnesses and victims of assault, and the Suicide Prevention Information page, which provides information to those who are thinking about suicide.

Fort McCoy’s commanders can utilize the “Commander’s Checklist,” available under the app’s DoD Safe Helpline menu. Manuals and links to a variety of the most useful sites are also clickable.

The “We Care Fort McCoy” app can be used on Android and Apple Smartphones, tablets and iPads. To find the free app at an app store, search for “wecare mccoy”. You will need to connect to Wi-Fi to complete the initial download. Wi-Fi is available at the following Ft McCoy locations: McCoy’s, Bldg 1571; ACS, Bldg 2111; FOB Freedom (USO provided); IHG Army Hotel, Bldg 51.

Fort McCoy GREEN BOOK

Purpose

To expedite rapid sexual assault response at Fort McCoy (FM)

Problem: To provide effective/rapid support to unit commanders (CDRs) on FM in the event of a sexual assault (SA)* crime

Unique issues: Remote location of FM; high turnover in units training on post; past incidents occurred at/near the end of training cycles for AT/BA/FTX/CSTX/ and WAREX – which has potential of not getting resources engaged in a timely manner to investigate crime and preserve evidence

Solutions: Leverage experienced/trained staff at USAG FM and directly link them to CDRs to effectively respond to SA cases; provide CDRs with a quick reference guide for responding to SA crimes

***Definition: Sexual assault is a crime defined as intentional sexual contact characterized by use of force, threats, intimidation, or abuse of authority or when a victim cannot consent. The term includes a broad category of sexual offenses consisting of the following specific UCMJ offenses: rape, sexual assault, aggravated sexual contact, abusive sexual contact, forcible sodomy (forced oral or anal sex), or attempts to commit these acts.**

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K	Sexual Harassment Response Flow Chart
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REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT MCCOY
2111 SOUTH 8TH STREET
FORT MCCOY WI 54656-5150

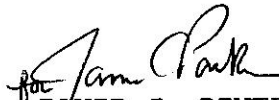
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IMMC-MWR-A

MEMORANDUM FOR All Tenant Units, Transient Units, and Agencies Training on
USAG, Fort McCoy

SUBJECT: The "GREEN BOOK" and Garrison Commander's Guidance for Sexual
Assault Response

1. Sexual assault is a serious matter that affects good order and discipline in the Army. An educated Army Community led by knowledgeable, informed leaders are essential to reduce, with an aim toward eliminating, sexual offenses within the Army through cultural change, prevention, intervention, investigation, accountability, advocacy/response, assessment and training. To support this effort, the Garrison created the "GREEN BOOK" to reinforce effective and rapid response to allegations of sexual assault.
2. The "GREEN BOOK" is a valuable resource to be used by commanders/leaders of tenant units, transient units, and agencies training on Fort McCoy. This quick reference guide links leaders to Fort McCoy's support staff who are trained and experienced to investigate sexual assault cases. It also provides helpful checklists to document sexual assault responses along with other useful supporting forms.
3. In creating the "GREEN BOOK", we considered the more probable scenarios for sexual assault during Extended Combat Training, Battle Assembly, or during Field Training exercises at Fort McCoy. Historical trends indicate sexual assaults are most likely to occur on Fort McCoy within consolidated transient training units or agencies. It is important for commanders to become familiar with sexual assault reporting procedures outlined in Tabs C-F in the "GREEN BOOK". If an incident occurs, all units or agencies must be prepared to modify training plans to accommodate the investigation.
4. The Fort McCoy Team stands ready to assist you with preventing and resolving sexual assault cases while your unit or agency trains on Fort McCoy. It is every leader's inherent responsibility to maintain transparency of Sexual Harassment/Assault Response Prevention (SHARP) Programs and take prudent actions in the best interest of the victim and the Army.
5. If there are questions about the "GREEN BOOK" or any other SHARP related matters, please contact the Fort McCoy SHARP Office at 608-388-8989/8951.
6. FORT MCCOY - TOTAL FORCE TRAINING CENTER.


DAVID J. PINTER, SR.
Colonel, AV
Commanding

FM Staff – Top 6 Points of Contact for Sexual Assault Incidents

<u>Role</u>	<u>Names</u>	<u>Contact Info</u>	<u>Notes</u>
Full-time SHARP Sexual Assault Response Coordinators (SARC) and Victim Advocates (VA)	FM Garrison SARC FM Garrison Victim Advocate 88 th RSC SARC 181 st IN BDE SARC	Office: 608-388-8989 Office: 608-388-8951 Office: 608-388-0315 Office: 608-388-4705	Installation 24/7 Sexual Assault Hotline 608-388-3000
Fort McCoy Police	Call Dispatch for Unrestricted Cases ONLY	FM Police Dispatch 608-388-2266 or 911 Non-Emergency 608-388-2000	FM PD will notify USAG Commander. FM PD will coordinate CID support. FM PD will call 24/7 SHARP Hotline. FM PD can contact FM staff at home or via personal mobile telephone
SJA (Legal)	SJA, USAG FM	608-388-7820 (Office) 608-347-0533 (Gov Cell)	
Special Victim Counsel (SVC)	SVC	910-570-8138(Office) 910-849-6678 (Gov Cell)	
Chaplain	Chaplain on duty	608-388-3528 (Office) 24/7 Hotline 608-630-6073	
Sexual Assault Forensic Exam (SAFE)	Mayo Health Systems Emergency Center 700 W. Avenue South La Crosse, WI 54601 Gundersen Emergency Center 1900 South Avenue La Crosse, WI 54601	Sexual Assault Nurse Examiner (SANE) 608-392-7000 (Emergency Rm) Sexual Assault Nurse Examiner (SANE) 608-775-3128	*SARC or VA or CID will coordinate the SAFE. These are the ONLY facilities that provide this service. DO NOT refer or send Victims to other facilities for SAFE.

Restricted vs. Unrestricted Reporting

Restricted Reporting

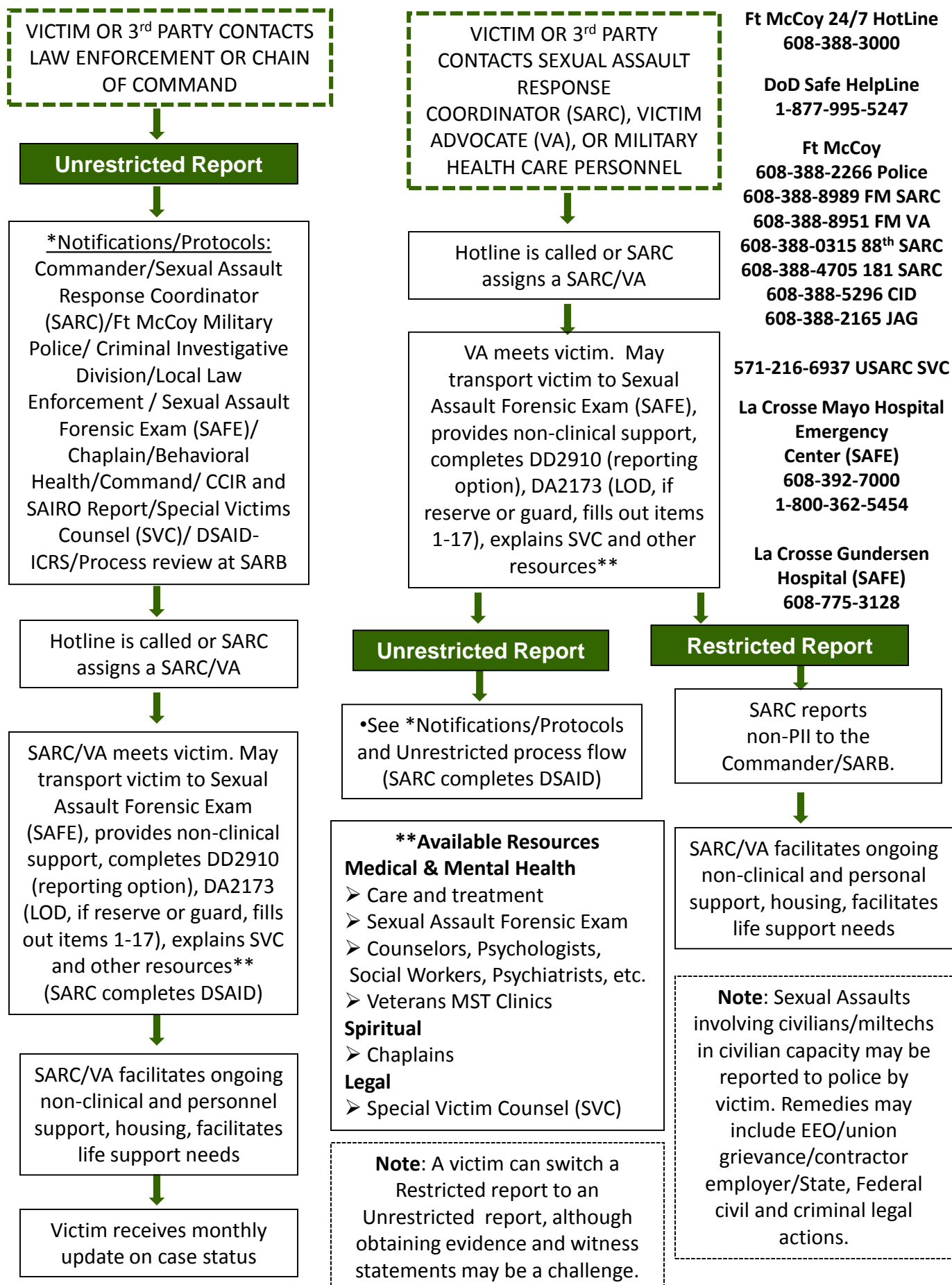
- Victim receives medical treatment and counseling
- No investigation conducted
- Does not hold offenders accountable
- Can file a Restricted Report with ONLY a SHARP Sexual Assault Response Coordinator (SARC), Victim Advocate (VA), or Military Healthcare Provider
- Confidential communication with ONLY SARCs, VAs, Healthcare Providers, Chaplains, SVCs, and Legal Assistance
- Can change to Unrestricted Report at any time

Note: A Victim's communication with another person(s) (not directly in their chain of command or law enforcement) does not, in and of itself, prevent the victim from electing to make a Restricted Report. However, if the person(s) to whom the Victim confided in shares the information with others the report may change to unrestricted. –DoDI 6495.02, March 28, 2013 Change 1, 02/12/2014 page 28.

Unrestricted Reporting

- Victim receives medical treatment and counseling
- Command support
- Official investigation conducted
- Alleged offender *may* be held accountable
- Expedited transfer and protection orders available
- Victims can report to variety of resources; chain of command, law enforcement, CID, SHARP SARC/VA, etc.

Fort McCoy Sexual Assault Response Flow Chart



Ft McCoy 24/7 HotLine
608-388-3000

DoD Safe Helpline
1-877-995-5247

Ft McCoy
608-388-2266 Police
608-388-8989 FM SARC
608-388-8951 FM VA
608-388-0315 88th SARC
608-388-4705 181 SARC
608-388-5296 CID
608-388-2165 JAG

571-216-6937 USARC SVC

La Crosse Mayo Hospital
Emergency
Center (SAFE)
608-392-7000
1-800-362-5454

La Crosse Gundersen
Hospital (SAFE)
608-775-3128

FM Commander's Consolidated Checklist – Immediate/Emergency Response to Sexual Assault Crimes

11 Line Action Plan - **UNRESTRICTED**

Step	Action	Date/Time Action Taken		Initials	Remarks/Notes
1	Ensure Victim's Safety – protect Victim, determine if alleged offender is still at large, seek emergency care if needed (911)				
2	Advise Victim of need to preserve evidence by not bathing, showering, brushing teeth, washing garments, etc.				
3	Preserve crime scene until FM Police/CID arrive – guard it/establish initial perimeter				
4	Notify Unrestricted Reporting Chain – SARC/VA, FM PD, CID, SJA and Higher Command (Consult SJA) and complete a Command Critical Information Requirements (CCIR) with FM PD and complete a SAIRO Report within 8 calendar days				
5	Ensure SARC/VA -Coordinates Medical Care -Provides Victim Resource Information -Enters case into DSAID				
6	Provide other Victim support as needed/requested (Chaplain, Special Victim's Counsel (SVC), etc).				
7	Is Military Protective Order (MPO) or no contact order needed? (Consult SJA)				
8	(RC only) Commander must initiate Line of Duty (LOD)				
9	Ensure leaders and subordinates: -limit information on <i>"legitimate need to know"</i> basis -report victim/witness intimidation or threats -protect Victim privacy				
10	If Subject (Alleged Assailant) is known/identified: -provide information to FM PD/CID -Avoid questioning subject about SA allegation -Keep separate, away from others, protected (Consult CID and SJA BEFORE any questioning)				
11	Support investigation, e.g. be prepared to extend Soldier(s) on orders during investigation, coordinate with FM directorates on housing/meals/transportation support				

FM Commander's Checklist – Follow Up Actions for Response to Sexual Assault Crimes

UNRESTRICTED

<u>Step</u>	<u>Action</u>	<u>Date/Time</u> <u>Action Taken</u>	<u>Initials</u>	<u>Remarks/Notes</u>
1 Victim	Initiate Line of Duty Investigation (LOD) for Victim–(Reserve Component only)			
2 Victim	Ask if Victim if they are represented by a lawyer or an SVC, before you speak with them			
3 Victim	Ensure Victim has been notified of right to expedited transfer			
4 Victim	Determine if Victim needs a Military Protective Order (MPO) or Civilian Protective Order (CPO)			
5 Victim	Ensure Victim has been notified of available services (SARC/VA, SVC, medical, counseling, etc)			
6 Victim	Update higher command within 14 days on status of Victim and Subjects (Alleged Assailant)			
7 Victim	Update Victim monthly on status of case			
8 Victim	SARB (Sexual Assault Response Board) Chair will direct a follow-up report to Victim within 2 days of final disposition of case			
9 Victim	Battalion Commander will follow-up with Victim 45 days after final disposition to ensure Victim's needs are addressed			
10 Subject	Ask the Subject if they are represented by a lawyer, before you speak with them			
11 Subject	-Consider potential transfer -If requested by Victim, coordinate separate training at different times/locations/units -Continue to control Subject access to Victim as appropriate			
12 Subject	Admin Issues -Document admin/UCMJ on DA Form 4833 -Evaluations include documenting incidents/convictions of misconduct -Conviction of Sexual Assault must be processed for separation			

*Subject =Alleged Assailant

See AR 600-20, Chapter 8 and Appendix H; See SHARP Guidebook Version 1.1, Oct 13 (Resource Checklists starting on page 55)

9 February 2017

Response Card

Preserve Evidence - Advise Victim of need to preserve evidence by not bathing, showering, brushing teeth, washing garments, etc.

Restricted Report – contact SARC, Victim Advocate (VA), and/or Military Healthcare Provider (HCP)

BE A GOOD WITNESS

Response Card

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BE A GOOD WITNESS

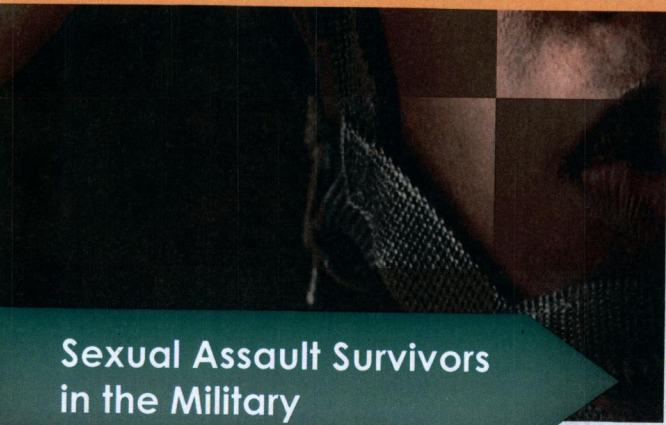
Response Card

Preserve Evidence - Advise Victim of need to preserve evidence by not bathing, showering, brushing teeth, washing garments, etc.

Restricted Report – contact SARC, Victim Advocate (VA), and/or Military Healthcare Provider (HCP)

BE A GOOD WITNESS

COOPERATE WITH ANY INVESTIGATION



Sexual Assault Survivors in the Military

Sexual assault is a crime that can have psychological, emotional, and physical effects. These effects can be brief in duration or can last a long time. There is not one "normal" reaction.

DoD Safe Helpline offers free and anonymous support to the DoD community, 24 hours a day, 7 days a week, to help survivors through the healing process. Safe Helpline staff are specially-trained professionals who can provide help via online chat or telephone. Information and referrals are also available at safehelpline.org or by text.

A personalized self-help plan can also be created with the Safe Helpline app for iOS and Android.

Members of the DoD community can access Safe Helpline from anywhere in the world. All Safe Helpline services are confidential and secure, and the information you provide is not shared with your chain of command.

Get Live
Help Now

Need to talk? It's easy to
get the help you deserve.



Online Helpline
SafeHelpline.org



Telephone Helpline
877-995-5247



Info by Text
55-247 (inside the U.S.) /
202-470-5546 (outside the U.S.)
Text your location for the nearest support resource



Safe Helpline App
(for iOS or Android)



Safe HelpRoom
Peer-to-Peer Support
SafeHelpRoom.org



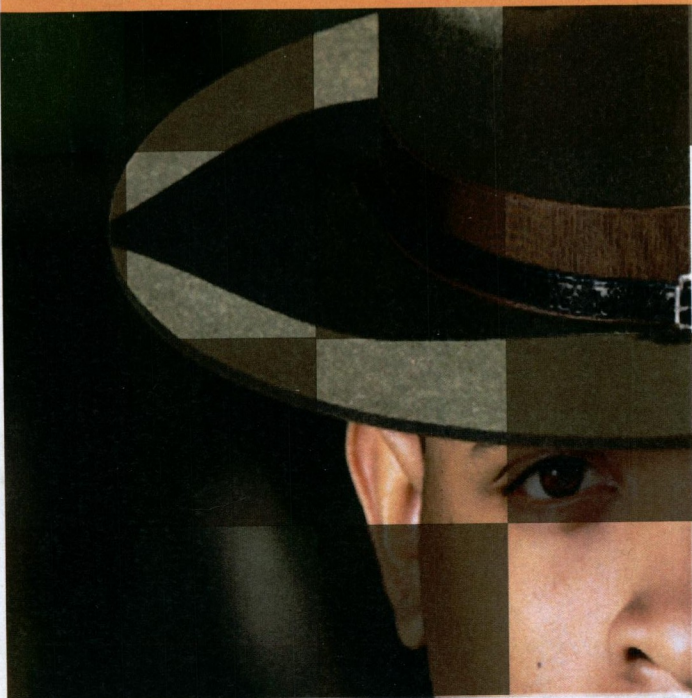
Download the
Safe Helpline App

DoD
Safe Helpline



SEXUAL ASSAULT SUPPORT FOR
THE DoD COMMUNITY
FREE. CONFIDENTIAL. 24/7.

SafeHelpline.org



About DoD Safe Helpline

Department of Defense (DoD) Safe Helpline is a groundbreaking crisis support service for members of the DoD community affected by sexual assault. Safe Helpline provides live, one-on-one support, and information to the worldwide DoD community. The service is confidential, anonymous, secure, and available worldwide, providing survivors with the help they need, anytime, anywhere.

Safe Helpline is operated through a contract with RAINN (Rape, Abuse & Incest National Network) on behalf of DoD. RAINN, the nation's largest anti-sexual violence organization, operates the National Sexual Assault Hotline (800.656.HOPE) and National Sexual Assault Online Hotline (online.rainn.org)

Need to talk?

There are five easy ways to get help from DoD Safe Helpline:

Click

Safe Helpline provides live, confidential, one-on-one help through a secure instant-messaging format at SafeHelpline.org. The website also contains vital information about recovering from and reporting a sexual assault.

Call

Safe Helpline also provides live, confidential help over the phone — just call **877-995-5247**. If you wish, helpline staff can transfer you to your Sexual Assault Response Coordinator (SARC), Military OneSource, the National Suicide Prevention Lifeline, or a civilian sexual assault service provider. The phone number is the same in the U.S. and worldwide via the Defense Switched Network (DSN).

Info by Text

Need to get in touch with your Sexual Assault Response Coordinator? Just text your zip code or installation/base name to **55-247** (inside the U.S.) or **202-470-5546** (outside the U.S.), and Safe Helpline will quickly text you back with contact information for your nearest civilian or DoD sexual assault service provider.

Message and data rates may apply.

App

Download the Safe Helpline app (for **iOS** or **Android**) and create a personalized self-care plan.

You can use the self-care exercises and information whenever you'd like. Your personalized plan will be stored only on your mobile device, so it will remain completely confidential. Once you download the app, you don't need an internet connection to use it. If you're stationed abroad, connect to the telephone helpline from the app using internet and at no charge.

Safe HelpRoom: Peer Support

Want to talk to people who have been through a similar experience? Safe HelpRoom hosts live, secure peer-to-peer discussions through a moderated online chat format. Visit SafeHelpRoom.org to find out the time of the next discussion and to vote on what topics will be discussed.

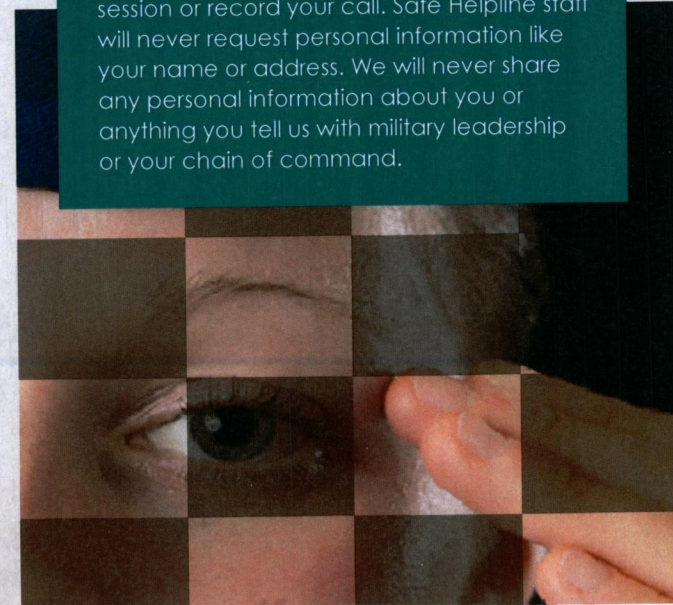
Transitioning Service Members

Are you in the process of separating or retiring from Military Service? Being a survivor of sexual assault and going through the transition process can be difficult. If you or someone you know is transitioning, there is a wide range of thoughts, feelings, and physical symptoms that may be experienced.

Safe Helpline can assist with the transition process by connecting sexual assault survivors in the military with DoD, Veterans Affairs Benefits Coordinators and civilian resources that offer information in a variety of areas, including mental healthcare, housing and employment. Use Safe Helpline's Decision Tree to find the right resources for you.

Safe Helpline is Confidential and Anonymous

Safe Helpline is a secure and confidential service. We will not log your IP (computer) address, nor will we save a transcript of your session or record your call. Safe Helpline staff will never request personal information like your name or address. We will never share any personal information about you or anything you tell us with military leadership or your chain of command.



Your Rights As A Victim

In addition to your right to assistance from a Special Victim Counsel, you have the following rights in any courts-martial:

- The right to be treated with fairness and respect for your dignity and privacy;
- The right to be reasonably protected from the accused offender;
- The right to be notified of court proceedings;
- The right to be present at all public court proceedings related to the offense, unless the court determines that your testimony would be materially affected if you as the victim heard other testimony at trial;
- The right to confer with the attorney for the government in the case;
- The right to available restitution;
- The right to information about the conviction, sentencing, imprisonment, and release of the offender.

Even if you have filed a **restricted report**, you are still entitled to SVC services and the opportunity to learn about both the legal process and your rights as a victim.

SVCs and Victim Services

MAJ Angelia Champoux
Deputy USAR SVC Program Manager
(571) 216-6937
angelia.m.champoux.mil@mail.mil

In regard to other assistance available, contact the command Victim / Witness Responsible Official, or the person identified below:

(Name)

(Telephone Number)

In regard to the prosecution, contact the legal office below:

(Name)

(Telephone Number)

For further information on crime issues, see the DoD Victim and Witness Assistance Council web page at <http://dod.mil/vwac>.

Special Victim Counsel Program



**INFORMATION FOR
VICTIMS OF
SEX ASSAULT
AND
FORT MCCOY
SEXUAL ASSAULT
24/7 HOTLINE
Contact: 608-388-3000**

What is a Special Victim Counsel?

Special Victims Counsel (SVC) are legal assistance attorneys who have received special training and are designated by the Staff Judge Advocate as SVCs. An SVC's role is to zealously represent you. Based on your decisions, the SVC will represent your best interests even if it does not align with those of the Government or with those of the accused.

An SVC's primary duty is to you and no other person, organization, or entity. They do not work for the Chain of Command, Trial Counsel (Prosecutor), or Defense Counsel.

The SVC will work to empower you by fostering your understanding of the military justice process and providing you with legal assistance. The SVC will also assist in the coordination/provision of applicable programs and services available to you. This will be accomplished by providing effective and timely advice, being available to assist throughout the entire military justice process, and providing appropriate advocacy to ensure that the rights you are entitled to are fully realized.

The mission of the SVC is to provide you with confidential legal representation related to issues that may arise as a result of being sexually assaulted.

The Army and SVCs are concerned about the problems experienced by sexual assault victims. We understand that as a victim, you may experience anger, frustration, or fear as a result of your experience. We also understand that the reporting process and following courts-martial can be difficult. SVCs at Fort Bragg will help you through this process.

Special Victim Counsel Services

- Accompany and advise you during interviews, examinations, hearings, and court-martial proceedings
- Represent you in court-martial proceedings as permitted by law
- Provide referral to Trial Defense Service for collateral misconduct, if necessary
- Advocate your interests with Government counsel on disposition options
- Assist you with post-trial submissions to include victim impact statements
- Advise you on collateral civil issues arising from the crime
- Provide legal assistance services as needed
- Answer any questions that you may have about the courts-martial process
- Coordinate available victim health and welfare resources/personnel to secure additional support

Attorney-Client Confidentiality

Your privacy and confidentiality are extremely important to your SVC. With limited exceptions, your SVC cannot share information you provide without your express permission. Your SVC may discuss your case with supervising attorneys and paralegals assisting in your case, but only in furtherance of the representation of your interests. In such cases, the same rules of confidentiality will apply.

Who is entitled to an SVC?

1. Active Duty Army Soldiers
2. Army Reserve (see Secretary Army Directive 2014-09)
3. Army National Guard in a Title 10 or Title 32 status for more than 30 days or meets criteria set out in Army Directive 2014-09.
4. If the suspect/perpetrator is a Soldier:
 - a. Adult Dependents of the Personnel Listed Above
 - b. Sister Service Active Duty
 - c. Sister Service Reserve Personnel (active at time of offense)
 - d. Adult Dependents of (a)-(b) above
 - e. Air National Guard, under same standards of ARNG
 - f. Army National Guard
 - g. Army Reserve
 - h. Deployed DoD Civilians
 - i. Foreign Military Assigned to the United States and Accompanying Adult Dependents

**UNITED STATES ARMY RESERVE LEGAL COMMAND
NOTIFICATION OF SPECIAL VICTIM COUNSEL SERVICES**

I, _____, have been advised of my right to consult with a Special Victim Counsel (SVC) provided by the Government at no cost to me.

I understand that the SVC's mission is to provide victims with confidential legal representation related to issues that may arise as a result of being sexually assaulted. The SVC may provide the following services:

- Accompany to and advise client during interviews, examinations, hearings, and court-martial proceedings
- Represent client in court-martial as permitted by law
- Referral to Trial Defense Service for collateral misconduct, if necessary
- Advocate client's interest with Government counsel on disposition options
- Assist client with post-trial submissions to include victim impact statements
- Advise client on collateral civil issues arising from the crime
- Legal assistance services

I understand that I may speak with an SVC and elect representation at any time during the legal, medical, or investigative process. At this time (initial in the applicable blank):

____ I want to speak to an SVC.

____ I do not want to speak to an SVC.

(Signature of Victim)

(Date)

(Signature of SHARP/SARC/UVA/VWL/TC)
Sexual Assault Response Coordinators (SARC)
Unit Victim Advocate (UVA)
Victim Witness Liaison (VWL)
Trial Counsel (TC)

(Date)

You may contact:

MAJ Angelia Maria K. Champoux, JA
Deputy USAR SVC Program Manager, Operations and Management
United States Army Reserve Legal Command
8791 Snouffer School Road
Gaithersburg, MD 20879-1624
Government Cell: 571-216-6937
Email: angelia.m.champoux.mil@mail.mil

VICTIM REPORTING PREFERENCE STATEMENT*(Read Privacy Act Statement before completing this form.)***PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 113 note, Department of Defense Policy and Procedures on Prevention and Response to Sexual Assaults Involving Members of the Armed Forces; 10 U.S.C. 136; 32 U.S.C.; DoD Directive 6495.01; DoD Instruction 6495.02; 10 U.S.C. 3013; Army Regulation 600-20, Chapter 8; 10 U.S.C. 5013; Secretary of the Navy Instruction 1752.4A; Marine Corps Order 1752.5A; 10 U.S.C. 8013; Air Force Instruction 36-6001; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): Information will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program. At the local level, Service SAPR Program Management, Major Command Sexual Assault Response Coordinator(s) (SARCs), Installation and Brigade SARCs use information to ensure that victims are aware of services available and have contact with medical treatment personnel and DoD law enforcement entities. At the DoD level, only de-identified data is used to respond to mandated congressional reporting requirements. The DoD Sexual Assault Prevention and Response Office has access to identified closed case information and de-identified, aggregate open case information for congressional reporting, study, research, and analysis purposes. Collected information is covered by DHRA 06 DoD, Defense Sexual Assault Incident Database (<http://dpclo.defense.gov/Privacy/SORNsIndex/tabid/5915/Article/6841/dhra-06-dod.aspx>).

ROUTINE USE(S): The DoD blanket routine uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> may apply to this record. Note: Any release made as a blanket routine use will be consistent with the principal purpose of its original collection.

DISCLOSURE: Voluntary. However, if you decide not to provide certain information, it may impede the ability of the SARC to offer the full range of care and support established by the Sexual Assault Prevention and Response program. You will not be denied advocacy services or healthcare (medical and mental health) because you selected the Restricted Reporting option. The Social Security Number (SSN) is one of several unique personal identifiers that may be provided. This form will be retained for 50 years.

1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE SAPR VA OR SARC**DSAD CASE NUMBER:**

a. I, (full name) _____ (Social Security Number) _____ and (DoD Identification Number) _____, had the opportunity to talk with a Sexual Assault Prevention and Response Victim Advocate (SAPR VA) or a Sexual Assault Response Coordinator (SARC) before selecting a reporting option.

- | | |
|----------|--|
| INITIALS | (1) The SARC or SAPR VA has explained to me the services, protective orders, and reporting options that are available to me. |
| | (2) The SARC or SAPR VA explained to me that if my case is prosecuted in a civilian jurisdiction there will be different procedures in place, e.g., SAFE kit retention and DD Form 2701. |
| | (3) Please initial here if this sexual assault occurred PRIOR TO ENTRY into military service. (Includes both as a child or adult.) |

b. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH IS INVESTIGATED.

- | | |
|--|--|
| | (1) I understand that law enforcement and my command will be notified that I am a victim of sexual assault. An investigation into the crime will be started by a Military Criminal Investigation Organization (MCIO) investigator (e.g. CID, NCIS, AFOSI) or the appropriate civilian law enforcement. I can receive medical treatment, support services, and counseling. I can also choose to have a Sexual Assault Forensic Examination (SAFE) if indicated. In a UCMJ case, I will be provided a DD Form 2701 (which contains important information about my rights as a victim) from the law enforcement or MCIO. I should retain the DD Form 2701. In accordance with DoD policy, if reporting a sexual assault that occurred prior to or while not performing active service or inactive training, National Guard and Reserve Component members are eligible to receive SAPR advocacy support services from a SARC and a SAPR VA and are eligible to file both a Restricted or an Unrestricted Report. |
| | (2) In accordance with DoD Instruction (DoDI) 6495.02, as a service member, I understand that (through a separate form) I may request an Expedited Transfer (temporary or permanent) from my installation or to a different location within my installation. |
| | (3) Depending on the facts of my case, I may request a Military Protective Order (MPO). If a written and/or verbal MPO is issued against a service member, my commander will provide me with a copy of the DD Form 2873. |
| | (4) I also have the option of requesting a Civilian Protective Order (CPO) from civilian courts. |
| | (5) If the crime is prosecuted under the Uniform Code of Military Justice (UCMJ), any communication with my SARC or SAPR VA are confidential under the Victim-Victim Advocate Privilege unless an exception applies. |

c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED.

- | | |
|--|---|
| | (1) I understand that I may confidentially receive medical treatment, advocacy services, legal services, and counseling. I may also choose to have a Sexual Assault Forensic Examination (SAFE), if indicated. Law enforcement and my command will NOT be notified. My report will NOT cause an investigation of the crime. No action will be taken against the offender(s) as the result of my report. If reporting a sexual assault that occurred prior to or while not performing active service or inactive training, National Guard and Reserve Component members are eligible to receive SAPR advocacy support services from a SARC and a SAPR VA and are eligible to file both a Restricted Report and an Unrestricted Report. |
| | (2) I understand that there are exceptions to Restricted Reporting (see Page 2) and they have been explained to me. If an exception applies, the details of my assault may be disclosed. |
| | (3) I understand the evidence collected from my SAFE will be stored for 5 years from the date I sign this form, if the SAFE was conducted at a Military Treatment Facility. If the evidence is collected by a civilian healthcare facility, the civilian healthcare facility will handle the SAFE kit storage in accordance with the established Memorandum of Understanding (MOU) with the DoD. I will be contacted in 1 year by my SARC to discuss my options as they relate to this evidence. If the SAFE was conducted by a civilian facility with no formal MOU with DoD, then the SAFE kit will be handled in accordance with state and local laws. |
| | (4) All state laws, local laws or international agreements that may limit some or all of DoD's Restricted Reporting protections have been explained to me. In the (state, city/county of _____), medical authorities must report the sexual assault to _____. |
| | (5) I understand that the SARC will provide information that does not reveal my identity, nor that of my alleged offender, to the installation commander. This notification takes place within 24 hours of my Restricted Report. If I may be at a deployed location or there are extenuating circumstances, the notification will be made within 48 hours. Commanders require this information for public safety and other responsibilities. |
| | (6) I understand that certain protective actions, such as a Military Protective Order and/or a Civilian Protective Order against the alleged offender, or an Expedited Transfer and my victim's rights, will NOT be available to me if I choose Restricted Reporting. |

1.c. RESTRICTED REPORTING (Continued)			
INITIALS	(7) I understand that speaking to others about my sexual assault may result in the crime being reported to command and law enforcement if those persons are not authorized to accept Restricted Reports as set forth in DoDI 6495.02. Communications with chaplains and lawyers may be protected to the extent authorized by law.		
	(8) I understand that I may change my Restricted Report to an Unrestricted Report, and law enforcement and my command will be notified. However, delays in changing the report from restricted to unrestricted may affect the amount of evidence gathered by an investigation and may impact the ability to hold offender(s) appropriately accountable.		
d. OTHER IMPORTANT CONSIDERATIONS FOR UNRESTRICTED AND RESTRICTED REPORTS			
	(1) I understand that if I do not choose a reporting option right now or if I refuse to sign this form, the SARC or SAPR VA has no obligation to inform investigators or commanders about my sexual assault. The SARC or SAPR VA may only disclose information about our conversation according to the exceptions to the Victim-Victim Advocate privilege.		
	(2) I understand that I have the right to decline any or all SAPR services. I may also ask for a different SAPR VA if one is available.		
	(3) I have been advised to keep a signed and dated copy of this form for my records. This form may be used in other matters before other agencies (e.g., Department of Veterans Affairs) or for other lawful purposes. <u>Restricted Reports:</u> By signing this form I am giving consent that for Restricted Reports, this form will be retained for 50 years, as required by law. For Restricted Reports, the law requires that this form is retained in a manner that protects confidentiality. <u>Unrestricted Reports:</u> By signing this form I am giving consent that for Unrestricted Reports, this form will be stored electronically in DSAID for 50 years. For Unrestricted Reports, access to it will be limited to persons with an official need to know.		
	(4) I understand that I cannot request an Expedited Transfer, a Military Protective Order, or a Civilian Protective Order through this form.		
	(5) I understand that I am eligible for a Special Victims Counsel, who will be my attorney and not the government's attorney, and who will provide me with legal advice and representation.		
	(6) I understand that if I experience coercion, retaliation, reprisal, or ostracism from my supervisors or peers, I can report it to the SARC, Special Victims Counsel, my commander, Victim Witness Assistance Program personnel or my Service Inspector General.		
	(7) I understand that I can also request a defense counsel to advise and assist me in the event that there is evidence that I committed misconduct around the time of the sexual assault allegation (for example, underage drinking).		
2. CHOOSE A REPORTING OPTION (Initial)			
	a. I elect Unrestricted Reporting. I have decided to report that I am a victim of sexual assault to my command, law enforcement, or other military authorities for investigation of this crime. I understand that a Restricted Report is no longer available to me.		
	b. I elect Restricted Reporting. I have decided to confidentially report that I am a victim of sexual assault. Law enforcement or other military authorities will NOT be notified unless one of the exceptions applies. I understand the information I provide will NOT start an investigation or be used to hold the alleged offender(s) appropriately accountable. I understand that I can convert to Unrestricted Reporting at any time.		
RESTRICTED REPORT CASE NUMBER:			
3.a. SIGNATURE OF VICTIM		b. DATE (YYYYMMDD)	4.a. SIGNATURE OF SARC/SAPR VA
			b. DATE (YYYYMMDD)
5. I have reconsidered my previous selection of Restricted Reporting and am now choosing to make an Unrestricted Report.			
a. SIGNATURE OF VICTIM		b. DATE (YYYYMMDD)	c. SIGNATURE OF SARC/SAPR VA
			d. DATE (YYYYMMDD)
EXCEPTIONS TO RESTRICTED REPORTING			
There are exceptions to Restricted Reporting. This means that sometimes circumstances require that your Restricted Report of sexual assault must be disclosed. The following persons or organizations may be told about your sexual assault report for the following reasons:			
1. Command officials or law enforcement when you provide written authorization. 2. Command officials or law enforcement to prevent or lessen a serious and imminent threat. This may be a threat to the health or safety of you or another person. Multiple reports involving the same alleged suspect may also meet this criteria. 3. Disability Evaluation Boards, Medical Evaluation Boards, and the officials participating in the boards. The report may be disclosed to these parties when it is required for fitness for duty or disability retirement determinations. Disclosure is limited to only that information necessary to make a determination for disability processing. 4. SARC, SAPR VA or healthcare personnel when required for the direct supervision of victim services. 5. Military or civilian courts when ordered, or if disclosure is required by Federal or state statute.			
Before disclosing any information, SARCs, SAPR VAs and healthcare personnel will first consult with the servicing legal office. The legal office will determine if any of the above exceptions apply, if there is a duty to disclose the information, and who will make the disclosure when required.			
<input type="checkbox"/> Yes <input type="checkbox"/> No The exceptions to Restricted Reporting have been explained to me.			
6. VICTIM CONSENTED TO TRANSFER OF (RR/UR) CASE DOCUMENTS TO ANOTHER SARC: (X and complete as applicable)			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date (YYYYMMDD) _____ Location of Transfer: _____			
7. VICTIM CONTACTED AT 1-YEAR MARK OF THE RESTRICTED REPORT: (X and complete as applicable)			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date (YYYYMMDD) _____ If not, document how the SARC attempted to locate the victim: _____			
8. VICTIM REQUESTED A SECOND COPY OF THE DD FORM 2910: (X and complete as applicable)		9. VICTIM REQUESTED A COPY OF THE DD FORM 2911 FROM SAFE KIT AND THE SARC FACILITATED THIS REQUEST: (X and complete as applicable)	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date (YYYYMMDD) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Date (YYYYMMDD) _____	

Your Rights as a Victim.

As a crime victim, you have the following rights:

- The right to be treated with fairness and respect for your dignity and privacy;
 - The right to be reasonably protected from the accused offender;
 - The right to reasonable, accurate, and timely notice of public preliminary hearings, pretrial confinement hearings, court proceedings, and clemency and parole hearings related to the offense;
 - The right to be present at all public proceedings related to the offense unless the hearing officer or military judge determines that your testimony would be materially altered if you as the victim heard other testimony;
 - The right to reasonably confer with the prosecutor/Trial Counsel in the case;
 - The right to receive available restitution;
 - The right to be reasonably heard at: 1) a public hearing concerning the continuation of any pretrial confinement of the accused; 2) a sentencing hearing related to the offense; 3) a public Military Department Clemency and Parole Board hearing related to the offense;
 - The right to submit a written statement for the consideration of the Convening Authority prior to taking action on findings and sentence;
 - The right to proceedings free from unreasonable delay;
 - The right to be provided information, if applicable, about the conviction, sentencing, imprisonment, Convening Authority's action, appellate review, and release of the offender.
- For further information on crime issues, see the DoD Victim and Witness Assistance Council web page at: <http://vwac.defense.gov/>

If You Need Additional Assistance:

In regard to the status of the investigation, contact the investigator below:

(Name)

(Telephone Number)

In regard to other assistance available, contact the command Victim/Witness Liaison (VWL), or the person identified below:

(Name)

(Telephone Number)

In regard to the prosecution, contact the legal office below:

(Name)

(Telephone Number)

In regard to compensation for medical or other expenses, contact the state office for Crime Victim Compensation:

(Office/Name)

(Telephone Number)

In regard to any reprisal, retaliation, or ostracism you experienced as a result of reporting a crime, contact:

(Office/Name)

(Telephone Number)

You may be eligible for legal assistance and/or a Special Victims' Counsel (SVC) or Victims' Legal Counsel (VLC), depending on the specific offense. To determine eligibility or obtain assistance, contact these offices at:

(Legal Assistance Office)

(Telephone Number)

(SVC/VLC Office Number)

(Telephone Number)

If you believe one of your rights as a victim or witness of a crime has been violated, contact the following authority responsible for receiving and investigating such complaints:

(Office/Name)

(Telephone Number)

DEPARTMENT OF DEFENSE



INITIAL INFORMATION FOR VICTIMS AND WITNESSES OF CRIME

Initial Information **For Victims and Witnesses of Crime**

Introduction. We are concerned about the problems often experienced by victims and witnesses of crime. We know that as a victim or witness, you may experience anger, frustration, or fear. The Victim/Witness Liaison (VWL) can help. His or her name is listed on the back of this brochure.

We have prepared this brochure to help you deal with the problems and questions which often surface during an investigation and to provide you with a better understanding of how the military criminal justice system works. Your continued assistance is greatly needed and appreciated.

A criminal investigation can be both complex and lengthy and may involve several agencies, some Federal and some local. You can request a status report of the investigation by contacting the investigator handling the case. His or her name is listed on the back of this brochure. It is important to keep the assigned investigator and your VWL informed of any changes to your address, email, or telephone number.

If You Are Threatened or Harassed. If anyone threatens you or you feel that you are being harassed because of your cooperation with this investigation, contact the investigator or the VWL right away. It is a crime to threaten or harass a victim or witness.

Safety. For your safety, you may want a civilian restraining order, military protective order, or temporary shelter. Certain victims may request a transfer, and dependents may request a personal safety move. Your VWL, Victim Advocate, and the Family Advocacy Program (FAP) can assist you in safety planning and obtaining counseling. For further information, please call your VWL, Victim Advocate, or FAP official. If you fear for your immediate safety, call 911, or notify law enforcement.

If You Were a Victim of Spouse or Child Abuse.

For information about these steps or about counseling services, call the Family Advocacy Office or the VWL. If the offender is convicted or discharged for abusing you or your children, you may be eligible for "transitional compensation" benefits. Contact the VWL identified on the back of this brochure for further information.

Restitution. If an individual is arrested and prosecuted in federal court, you may be eligible for restitution. Restitution is court-ordered payment to you as a victim of crime, generally for out-of-pocket costs. It is made by the offender for any out of pocket expenses caused by the crime. Restitution cannot be ordered as a sentence in a military court-martial, but it can be used as a condition of a pre-trial agreement to plead guilty to an offense, or as a condition of clemency or parole. Under Article 139, Uniform Code of Military Justice, victims may be provided with relief if the property loss or damage resulted from wrongful taking or willful damage by a Service member due to riotous, violent, or disorderly conduct. Contact your VWL for further information on available restitution.

If your property was stolen, we hope to recover it as part of our investigation. If we do, we will notify you and return it to you as quickly as possible. Sometimes property needs to be held as evidence for trial. We will return your property once it is no longer needed as evidence.

If You Need Assistance With Your Employer or Command. If you have problems at work because of the crime or the investigation, we can contact your employer or Commanding Officer to discuss the importance of your role in the case.

Pretrial Confinement. If an accused offender is placed in pretrial confinement, there may be a 7-day review on whether to continue such confinement. Victims have the right to be reasonably heard at this review. Both victims and witnesses can seek a military or civilian protective order if safety is a concern and the accused offender is released before trial.

Trial. Once an offense has been referred to trial, you will be contacted by the Trial Counsel (prosecutor), district attorney, or the Assistant U.S. Attorney assigned to handle your case, as appropriate. Each command, district attorney, and U.S. Attorney has a Victim/Witness Responsible Official to help answer your questions and deal with your concerns during the prosecution. You may have the right to be consulted at key stages in the trial and will be informed of these rights by trial counsel. If you are the victim of a sexual assault, and the case goes to court-martial, you will be entitled to receive a copy of the record of the trial.

Legal Assistance and Special Victims' Counsel/ Victims' Legal Counsel (SVC/VLC). If you are a member of the Armed Forces or a dependent, you have the right to speak with a legal assistance attorney, at no cost. You may contact the legal assistance office listed on the back of this form. If you are the victim of sexual assault and certain related offenses, you may also be entitled to the assistance of a SVC/VLC, in addition to services provided by a Sexual Assault Response Coordinator and your Victim Advocate.

If You Believe You Were the Victim of Reprisal, Retaliation, or Ostracism. Federal law prohibits military members, civilian employees, and contractors from reprisal, retaliating, or ostracizing individuals who report a crime or provide information relating to a criminal investigation. Prohibited actions may include taking, or threatening to take an unfavorable personnel action; withholding, or threatening to withhold a favorable personnel action; or socially ostracizing you for making a protected communication. If you believe someone has reprisal, retaliated, or ostracized you for reporting a crime or participating in a criminal investigation, contact the corresponding official listed on the back of this form.

If You Were Injured. If you do not have insurance to pay the cost of your medical or counseling bills, or related expenses, the state Crime Victim Compensation office may be able to assist.

Financial and Emotional Impact of Crime. Many victims and witnesses are emotionally affected by the crime. Although everyone reacts differently, victims and witnesses report some common behaviors, such as increased concern for their personal safety and that of their family, trouble concentrating on the job, difficulty handling everyday problems, feeling overwhelmed, and thinking of the crime repeatedly.

Some or all of these behaviors may occur and should ease with time. They are normal reactions but you may wish to see a counselor. State resources may be available to assist you with recovery, to include possible reimbursement for costs or financial losses you may have had, such as lost wages. Your VWL will have further information.

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS

For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.

THRU: (Include ZIP Code)		TO: (Include ZIP Code)		FROM: (Include ZIP Code)	
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial)			2. SSN		3. GRADE
4. ORGANIZATION AND STATION			5. ACCIDENT INFORMATION		
			a. DATE		b. PLACE (City and State)
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR					
6. INDIVIDUAL WAS <input type="checkbox"/> OUT PATIENT <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL			7. NAME OF HOSPITAL OR TREATMENT FACILITY <input type="checkbox"/> CIVILIAN <input type="checkbox"/> MILITARY		
8. HOUR AND DATE ADMITTED			9. HOUR AND DATE EXAMINED		
10. NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain)					
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input type="checkbox"/> ALCOHOL <input type="checkbox"/> DRUGS (Specify) b. INDIVIDUAL <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION:					
12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL			13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input type="checkbox"/> NO		14. NO. OF MG ALCOHOL/100 ML BLOOD
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when)					
16. DATE		17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR		18. SIGNATURE	
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER					
19. DUTY STATION <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE			20. HOUR AND DATE OF ABSENCE a. FROM b. TO		
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in Item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input type="checkbox"/> NO					
22. INDIVIDUAL WAS ON <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING			23. HOUR AND DATE OF TRAINING a. BEGAN b. ENDED		
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING					
25. MODE OF TRANSPORTATION	26. HOUR BEGINNING TRAVEL	27. DISTANCE INVOLVED	28. NORMAL TIME FOR TRAVEL		
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY					
30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary)					
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input type="checkbox"/> YES <input type="checkbox"/> NO		
33. DATE	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISOR		35. SIGNATURE		

MILITARY PROTECTIVE ORDER

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of the form and how it will be used. Please read it carefully.

AUTHORITY: 5 U.S.C. 301, Departmental Regulations; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; and National Defense Authorization Act for Fiscal Year 1995, Sec. 534.

PRINCIPAL PURPOSE(S): To inform the service member and the protected person that the commanding officer is issuing an order to the member prohibiting contact or communication with the protected person or members of the protected person's family or household and directing that the member take specified actions that support, or are in furtherance of, the prohibition.

ROUTINE USE(S): Any release of information outside of the Department of Defense shall be compatible with the purposes for which the information is being collected and shall be in accordance with an established routine use for the record system where the information is maintained.

DISCLOSURE: Voluntary. Failure to disclose/verify information will not delay either the issuance of the order or the enforceability of the order.

1. SERVICE MEMBER				2. PROTECTED PERSON (Important: see NOTE)			
a. RANK	b. LAST NAME	FIRST NAME	MI	a. RANK	b. LAST NAME	FIRST NAME	MI
c. UNIT				c. UNIT			
d. INSTALLATION				d. INSTALLATION			

NOTE: Omit information in Item 2 that, if known to the service member in Item 1, could endanger the protected person.

3. INFORMATION SUPPORTING ISSUANCE OF THIS MILITARY PROTECTIVE ORDER

4. THE PROTECTED PERSON HAS ALSO BEEN ISSUED THE FOLLOWING COURT ORDERS:

	a. Civil protection order issued (Date - YYYYMMDD) _____, in _____ Court, _____ County, State of _____		
	b. Order issued (Date - YYYYMMDD) _____, in _____ Court, _____ County, State of _____		Property Settlement Custody and/or Visitation

5. As a Commanding Officer with jurisdiction over the above-named service member, I find that there is sufficient reason to conclude that the issuance of an order is warranted in the best interest of good order and discipline. It is hereby ordered that (Initial applicable portions):	
	a. The above-named service member is restrained from initiating any contact or communication with the above-named protected person either directly or through a third party. For purposes of this order, the term "communication" includes, but is not limited to, communication in person, or through a third party, via face-to-face contact, telephone, or in writing by letter, data fax, or electronic mail. If the protected person initiates any contact with the service member, the service member must immediately notify me regarding the facts and circumstances surrounding such contact.
	b. The above-named service member shall remain at all times and places at least _____ feet away from the above-named protected person and members of the protected person's family or household including, but not limited to, residences and workplaces. Members of the protected person's family or household include:
	c. The above-named service member will vacate the military residence shared by the parties located at:
	d. Until further notified, the above-named service member will be provided temporary military quarters at:
	e. The above-named service member will attend the following counseling:
	f. The above-named service member will surrender his/her government weapons custody card at the time of issuance of this order.
	g. The above-named service member will dispose of his/her personal firearm(s) that are located or stored on the installation at the time of issuance of this order.
	h. Exceptions to this order will be granted only after an advance request is made to me and approved by me.
	i. Other specific provisions of this order:
6. DURATION: The terms of this order shall be effective until _____, unless sooner rescinded, modified, or extended in writing by me. ENFORCEABILITY: Violation of this order or an applicable civilian protection order shall constitute a violation of Article 90 of the Uniform Code of Military Justice.	
a. COMMANDING OFFICER'S SIGNATURE	b. DATE (YYYYMMDD)
7. I hereby acknowledge receipt of a copy of this order and attest that I understand the terms and conditions it imposes on me.	
a. SERVICE MEMBER'S SIGNATURE	b. DATE (YYYYMMDD)
DISTRIBUTION: <div style="display: flex; justify-content: space-between;"> <div> Service member Service member's local personnel file </div> <div> Protected person (Custodial parent of protected child) </div> </div>	

Sexual Assault Incident Response Oversight (SAIRO) Report

This report must be completed by the immediate commander, with input from the SARC & MICO/CID, and submitted via encrypted email NLT 8 calendar days after a DD2910 is completed, or when MICO/CID contacts the commander once an independent investigation occurs. This report will not delay immediate reporting to CID, or operational reporting, through operational command channels.

1	Incident data provided by MICO/CID. (Please use a continuation sheet if needed).	
2	Victim gender.	
3	Victim duty status.	
4	Victim service affiliation.	
5	Victim assigned unit.	
6	Victim Grade/Rank (See Note 2 if not military).	
7	Victim duty station; & city, state where victim lives.	
8	Subject gender.	
9	Subject duty status.	
10	Subject service affiliation.	
11	Subject assigned Unit.	
12	Subject Grade/Rank (See Note 2 if not military).	
13	Subject duty station & city, state where Subject lives.	
14	Most serious alleged SA offense.	
15	Location of alleged offense, indicate if on/off installation & list any other details available.	
16	Date/time of alleged SA.	
17	Date the victim was referred to SHARP SARC or VA.	

IAW DTM 14-007: Information regarding the SAIRO Report will only be released to personnel with an official need to know in accordance with section 522a of Title 5, U.S.C. (Reference (g)) or as authorized by law.

Sexual Assault Incident Response Oversight (SAIRO) Report

This report must be completed by the immediate commander, with input from the SARC & MICO/CID, and submitted via encrypted email NLT 8 calendar days after a DD2910 is completed, or when MICO/CID contacts the commander once an independent investigation occurs. This report will not delay immediate reporting to CID, or operational reporting, through operational command channels.

18	Date DD2910 was completed.	
19	Date alleged SA was reported to CID/MCIO; including the organization notified.	
20	If a SM subject, was SM temporarily transferred or removed from an assigned billet.	
21	List any other relevant information pertaining to the subject.	
22	Case entered into DSAID within 48-hrs, or 96-hrs if in a deployed environment; also list DSAID & CID case numbers. If no CID/MCIO case number, indicate why & date the investigating jurisdiction was notified.	
23	Date victim informed of option to speak to Special Victim Counsel (SVC) or legal counsel. Confirm victim was informed that the SVC is the victim's attorney, not the prosecution's attorney.	
24	Summary of SAPR/SHARP services offered & any obstacles encountered.	
25	Date of the next CMG or SARB that will provide oversight for this case.	
26	Victim's immediate CDR input (for SM victims only).	
27	Date victim offered: 1. Medical care. 2. Mental health care. 3. SAFE Exam, if not, explain why?	

IAW DTM 14-007: Information regarding the SAIRO Report will only be released to personnel with an official need to know in accordance with section 522a of Title 5, U.S.C. (Reference (g)) or as authorized by law.

Sexual Assault Incident Response Oversight (SAIRO) Report

This report must be completed by the immediate commander, with input from the SARC & MICO/CID, and submitted via encrypted email NLT 8 calendar days after a DD2910 is completed, or when MICO/CID contacts the commander once an independent investigation occurs. This report will not delay immediate reporting to CID, or operational reporting, through operational command channels.

28	Date victim provided DD2701.	
29	Date safety assessment conducted.	
30	Was there a need to assemble a High-Risk Response Team?	
31	Date victim received information regarding military/civilian protective orders (MPO/CPO); and was a MPO/CPO issued?	
32	Description of safety measures taken for victim if event happened in a deployed environment.	
33	Date victim was given information regarding Expedited Transfers (ET).	
34	Did the victim request an ET? If yes, provide the date received, and its processing status.	

Report prepared by:

Note 1: The Table in Ref. F provides reporting responsibilities, guidance, and definitions of SAIRO report items.

Note 2: If not a SM or DoD civilian employee, indicate if the victim is a military dependent, DoD Contractor, Foreign National, or Non-government civilian. Do not include PII or any data point that could reasonably lead to identification of the victim.

Note 3: If the victim is a SM or adult military dependent, the commander will include these items in the SAIRO.

Note 4: SAIRO is not prepared for Restricted Reports or Family Advocacy Program (FAP) cases.

Note 5: If the first officer in the grade of O-6 or the first G/FO in the chain of command designated to receive the SAIRO report is the alleged subject, the SAIRO will be provided to the next higher commander.

***SAIRO Required Distribution:** IAW USARPAC's SAIRO OPORD, para 3.C, SAIRO reports will be sent via encrypted email to:

The appointed Senior Commander/Installation Commander; first officer in the grade of O-6 and the first General Officer in the victim's chain of command; first officer in the grade of O-6 and the first General Officer in the subject's chain of command; the next higher commander if the first officer in the grade of O-6 or first General Officer in the chain of command designated to receive the SAIRO report is the alleged subject; Senior Commander SHARP Office; and the USARPAC SHARP Office.

Fort McCoy Sexual Harassment Response Flow Chart (Military)

Informal Complaint:

COMPLAINANT CONTACTS
SHARP SARC/VA/EO &/ OR
CHAIN OF COMMAND

Informal Complaint

*Notifications/Protocols: If

VA receives complaint

refer to SARC: Informal complaints not subject to time lines. SARC notifies parties of complaint; SARC obtains statements from parties identifying facts; SARC notifies commanders of parties; JAG/Chaplain as necessary; SARC holds resolution meetings; obtains agreement from parties and commanders concurrence to implement. Review processes and resolution with SARB.

SARC prepares Memorandum for Record with any written agreements. Completes DA ICRS for Informal Complaint.

SARC/VA monitors parties for re-occurrence. Maintains accountability filing. Provides ongoing nonclinical support to victim.

Commanders/Complainant/SARB receive monthly update on case status and victims' rights. DA ICRS is updated as needed monthly until closed by SARC/SARB.

Formal Complaint:

COMPLAINANT CONTACTS
SARC/VA/EO &/or CHAIN OF
COMMAND. CONVERTS INFORMAL TO
FORMAL FOR CAUSE

SARC files Formal Complaint, (DA 7279) , with evidence, NLT 60 days from incident/cause

*Notifications/Protocols: If VA receives

complaint refer to SARC: SARC & Complainant complete part 1 DA 7279; Complainant takes oath before commissioned officer; SARC notifies Commander ; GCMCA within 72hrs (SIR); CDR appoints IO AR 15-6 investigation; SARC assists IO; SARC/CDR non-reprisal plan; CDR may issue MPO; CDR has 14 days to decide, may extend for cause; (if complainant disagrees has 7 days to appeal -- CDR has 14 days to review appeal); JAG reviews; GCMA final decision authority. Administrative & UCMJ options; SARB monitors for process validation & Complainant notification.

Available Resources

Medical

➤ Care and treatment

Mental Health

➤ Counselors, Psychologists, Social Workers, Psychiatrists, etc.

Spiritual

➤ Chaplains

Legal Personnel

➤ Legal Assistance Attorney
➤ Victim Witness Assistance Personnel

Note: Civilian Complaints handled by EEO Office.

Ft McCoy 24/7 HotLine
(608) 388-3000

DoD Safe HelpLine
1-877-995-5247

Army Sexual Harassment
Hotline (M-F)
1-800-267-9964

Ft McCoy Garrison
(608)388-8989 SARC
(608)388-2165 JAG

Ft McCoy Police
608-388-2266

This flow chart depicts an abbreviated version of the sexual assault reporting process. See SHARP Guidebook Version 1.1, Oct 13 and AR 600-20

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SARC completes DA ICRS for formal complaint; maintains accountability filing; provides ongoing non clinical support to victim. SARC may coordinate with Complainant for CPO.

Commanders/Complainant/SARB receive monthly update on case status and victims' rights. Performs follow-up assessment 45 days; DA ICRS is updated as needed monthly until closed by SARC/SARB.

EQUAL OPPORTUNITY COMPLAINT FORM

For use of this form, see AR 600-20; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 3013, Secretary of the Army: Army Regulation 600-20, Army Command Policy.

PRINCIPAL PURPOSE: To provide a means for filing complaint based on discrimination due to race, color, religion, or national origin.

ROUTINE USES: None

DISCLOSURE: Voluntary; However, failure to provide all the requested information could lead to rejection of complaint for inadequate data.

1. NAME	2. RANK	3. UNIT
4. RACE/ETHNIC GROUP	5. GENDER	6. DATE (YYYYMMDD)

PART I - COMPLAINT

7a. NATURE OF COMPLAINT. *(Give, in as much detail as possible, the basis for your complaint; describe the incident/behavior(s) and date(s) of the occurrence(s); the names of parties involved, witnesses, and to whom it may have been previously reported; plus, any additional information that would be helpful in resolving your complaint. Attach additional sheets, as needed.)*

7b. REQUESTED REMEDY. *(What do you think the final outcome should be?)*

8a. AFFIDAVIT.

I, _____ have read or have had read to me this statement which begins on this page (page 1) and ends on page _____. I fully understand the contents of the entire statement made by me. The statement is true. I have initialed all corrections. I made the statement without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this

_____ day of _____, _____ at _____.

(Signature of Person Administering Oath)

(Typed/Printed Name of Person Administering Oath)

8b. AGENCY RECEIVING COMPLAINT.

I acknowledge receipt of this complaint from _____ (name/rank)
of _____ (unit) on _____ (date).

I understand I have 3 calendar days (next drill period for reserve soldiers) in which to refer this complaint to the appropriate commander of the complainant.

8c. NAME	8d. GRADE	8e. DATE (YYYYMMDD)
8f. AGENCY	8g. SIGNATURE	

9a. ACKNOWLEDGEMENT.

I acknowledge receipt of this complaint, on behalf of *(complainant's name)* _____, submitted to me by *(name, rank, alternative agency)* _____

on _____. I understand I have 14 calendar days (3 weekend drill periods for Reserve components) in which to initiate an investigation into the complaint, implement a plan to prevent reprisal, complete the investigation, and inform the complainant of the results of that investigation. All formal complaints will be reported within 72 hours to the first GCMCA in the chain of command.

9b. NAME	9c. GRADE	9d. DATE (YYYYMMDD)
9e. ORGANIZATION	9f. SIGNATURE	

PART II - RESULTS OF INVESTIGATION

10a. I *(name of commander)* _____ reviewed the report of investigation into

your allegations. I ☐ concur ☐ nonconcur with the findings of the investigating officer. I find that your allegations are:

☐ substantiated ☐ unsubstantiated. I base my decision on the following points:

10b. SIGNATURE OF COMMANDER	10c. DATE (YYYYMMDD)
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PART III - ACTIONS TO RESOLVE COMPLAINT

11a. The command has done *(or will do)* the following actions to resolve this complaint and continue to prevent acts of reprisal:

11b. ADVISEMENT TO COMPLAINANT: You have the right to appeal these actions to resolve your complaint. You will have 7 days *(next weekend drill for Reserve components)* to submit your appeal in writing. If you elect not to appeal, your case is considered closed. If you decide to appeal, state the basis of, or grounds for, your appeal in the space below. I will refer your appeal to the appellate authority, who will review your case and provide you feedback when that review is completed.

11c. SIGNATURE OF COMMANDER	11d. DATE (YYYYMMDD)
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11e. ACKNOWLEDGEMENT BY THE COMPLAINANT AND SUBJECT(S) OF THE COMPLAINT OF FINDINGS, FEEDBACK, AND APPEALS OPTIONS

_____ <i>(Signature of Complainant)</i>	_____ <i>(Date)</i>
_____ <i>(Signature of Subject(s) of Complaint)</i>	_____ <i>(Date)</i>

FOR ADDITIONAL SUBJECT(S) OF COMPLAINT, USE A BLANK SHEET OF PAPER.

PART IV - APPEAL

12a. I elect to appeal the outcome of my complaint for the following reasons

☐ Continuation sheet(s) is attached ☐ Continuation sheet(s) is not attached

12b. COMPLAINANT'S SIGNATURE	12c. DATE (YYYYMMDD)
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12d. I have reviewed the complaint file, the investigative findings, and other information regarding this case. My findings are:

12e. SIGNATURE OF APPELLATE AUTHORITY	12f. DATE (YYYYMMDD)
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12g. I acknowledge being counseled concerning the outcome of this appeal.

12h. SIGNATURE OF COMPLAINANT	12i. DATE (YYYYMMDD)
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