

Fort McCoy SHARP Smart Book



Unit Commander's Sexual Assault Response Quick Reference Guide



DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND - READINESS
HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT MCCOY
100 EAST HEADQUARTERS ROAD
FORT MCCOY, WI 54656

AMIM-MCW-A

11 May 2021

MEMORANDUM FOR Tenant Units, Transient Units, and Agencies training on US Army Garrison (USAG) Fort McCoy

SUBJECT: The Fort McCoy Smart Book Unit Commander's Sexual Assault Response Quick Reference Guide 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, garrison created the Fort McCoy Smart Book Unit Commander's Sexual Assault Response Quick Reference Guide to reinforce effective and rapid response to allegations of sexual assault.
2. The Fort McCoy Smart Book Unit Commander's Sexual Assault Response Quick Reference Guide 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 Fort McCoy Smart Book Unit Commander's Sexual Assault Response Quick Reference Guide, 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 the sexual assault reporting procedures outlined in tabs C-F in the Fort McCoy Smart Book Unit Commander's Sexual Assault Response Quick Reference Guide. 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.

AMIM-MCW-A

SUBJECT: The Fort McCoy Smart Book Unit Commander's Sexual Assault Response Quick Reference Guide and Garrison Commander's Guidance for Sexual Assault Response

5. If there are questions about the Fort McCoy Smart Book Unit Commander's Sexual Assault Response Quick Reference Guide 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.

Michael D. Poss

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COL, LG
Commanding

Fort McCoy Smart Book

Unit Commander's Sexual Assault Response Quick Reference Guide

Purpose

To expedite rapid sexual assault response at Fort McCoy

Problem: Provide effective/rapid support to unit commanders on Fort McCoy in the event of a sexual assault crime.

Unique issues: Remote location of Fort McCoy; 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 Fort McCoy, Wisconsin (FMWI) and directly link them to unit commanders to effectively respond to sexual assault cases; provide unit commanders with a quick reference guide for responding to sexual assault 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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Fort McCoy Staff – Top 6 Points of Contact for Sexual Assault Incidents FOR ON-CALL VAs & SARCs ONLY

<u>Role</u>	<u>Names</u>	<u>Contact Info</u>	<u>Notes</u>
Full-Time SHARP Sexual Assault Response Coordinators (SARCs) and Victim Advocates (VAs)	Ms. Rebecca Wilkinson, Garrison SARC	Office: 608-388-8989 Gov Cell: 608-630-7108	Installation 24/7 Sexual Assault Hotline 608-388-3000
	Mr. Ryan Harvey, Garrison VA	Office: 608-388-8951	
	Mike Bowman, 88 th SARC	Office: 608-388-0485 Gov Cell: 608-567-9830	
	SFC Shawn Settles, 181 SARC	Office: 608-388-4705 Gov Cell: 608-481-8895	
Fort McCoy Police	Call Dispatch	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 notify SARC.
SJA (Legal)	SJA, USAG FM	608-388-2165 (Office) 608-347-0533 (Gov Cell)	
Special Victim Counsel (SVC)	USARC SVC Program Manager	910-598-8834 (Office) 571-216-6937 (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) 1-800-362-5454 Sexual Assault Nurse Examiner (SANE) 608-775-3128	*SARC or VA will coordinate the SAFE. These are the ONLY facilities that provide this service. DO NOT refer or send Victims to other facilities for SAFE.

Local Services NOT at Ft McCoy

- **Brighter Tomorrows 888-886-2327** 24/7 Domestic and sexual abuse (adult or minor).
- **New Horizons Shelter and Outreach Center 608-791-2610** Provides safety and services to adults and families who have experienced domestic violence, sexual assault, stalking and harassment.
- **DoD Safe Helpline 877-995-5247** 24/7 sexual abuse crisis line.
- **Suicide Prevention Hotline 800-273-8255 (TALK)**
- **Mayo Health Care System La Crosse Safe Path counseling, and support 608-392-7804 or 800-362-5454 ext 780** Free and confidential sexual assault counseling for past or present incidents.
- **Gundersen's La Crosse Sexual Abuse Counseling and Support Program (SACS) 608-775-3845 or 608-269-8600** Free and confidential sexual assault counseling for past or present incidents.
- **Tomah VA Military Sexual Trauma (MST) 608-372-3971 ext 61761** For current and prior military members who qualify for veteran status.
- **LaCrosse Vet Center 608-782-4403 or crisis line 1-877-273-8255** For current and prior military members. Free, confidential counseling available.

Service at Ft McCoy (not already listed on the Top 6 POC list)

- **Family Advocacy Program (FAP) 608-388-3505** FAP "owns" all cases of intra-familial (spouse/child) sexual abuse/assault, all cases of sexual assault involving adult intimate partners, and all child cases occurring in a DoD-sanctioned facility/activity, such as Child Youth Services and School Programs. FAP also provides victim advocacy and treatment services to all non-familial sexual assault victims under the age of 18.
 - Minor- have the caller contact **Monroe County Human Services CPS at 608-269-8600**, daytime hours or 911, after hours; if the caller is not comfortable calling 911 they can also contact **Brighter Tomorrows at 888-886-2327**.
 - Adult- "intimate partner" have the caller contact the FAP Manager (FAPM) at **608-388-3505**, daytime hours, or **888-886-2327**, after hours; if in immediate danger have them call 911.

The DoD definition of an intimate partner is: a current or former spouse; a person with whom the abuser shares a child in common; or a current or former intimate partner with whom the abuser shares or has shared a common domicile. The Army considers a "common domicile" to be established following 30 days of living together. In essence, FAP is about "Family," not "friends with benefits." i.e., sleeping over once a week, does not create an intimate partner relationship.

- **Employee Assistance Program (EAP) and Suicide Prevention 608-388-2441** The EAP is a voluntary, work-based program that offers free and confidential assessments, short-term counseling, referrals, and follow-up services to employees who have personal and/or work-related problems. EAPs address a broad and complex body of issues affecting mental and emotional well-being, such as alcohol and other substance abuse, stress, grief, family problems, and psychological disorders. EAP counselors also work in a consultative role with managers and supervisors to address employee and organizational challenges and needs. Many EAPs are active in helping organizations prevent and cope with workplace violence, trauma, and other emergency response situations.
- **Management/Employee Relations (MER) 608-388-6574** The civilian employee's supervisor can contact to learn how to take care of the victim whether it is transferring the victim or offender, getting legal advice, etc)
- **Military OneSource 1-800-342-9647**
- **Equal Employment Opportunity (EEO) 608-388-3106** For civilians to report sexual harassment

Restricted vs. Unrestricted Reporting

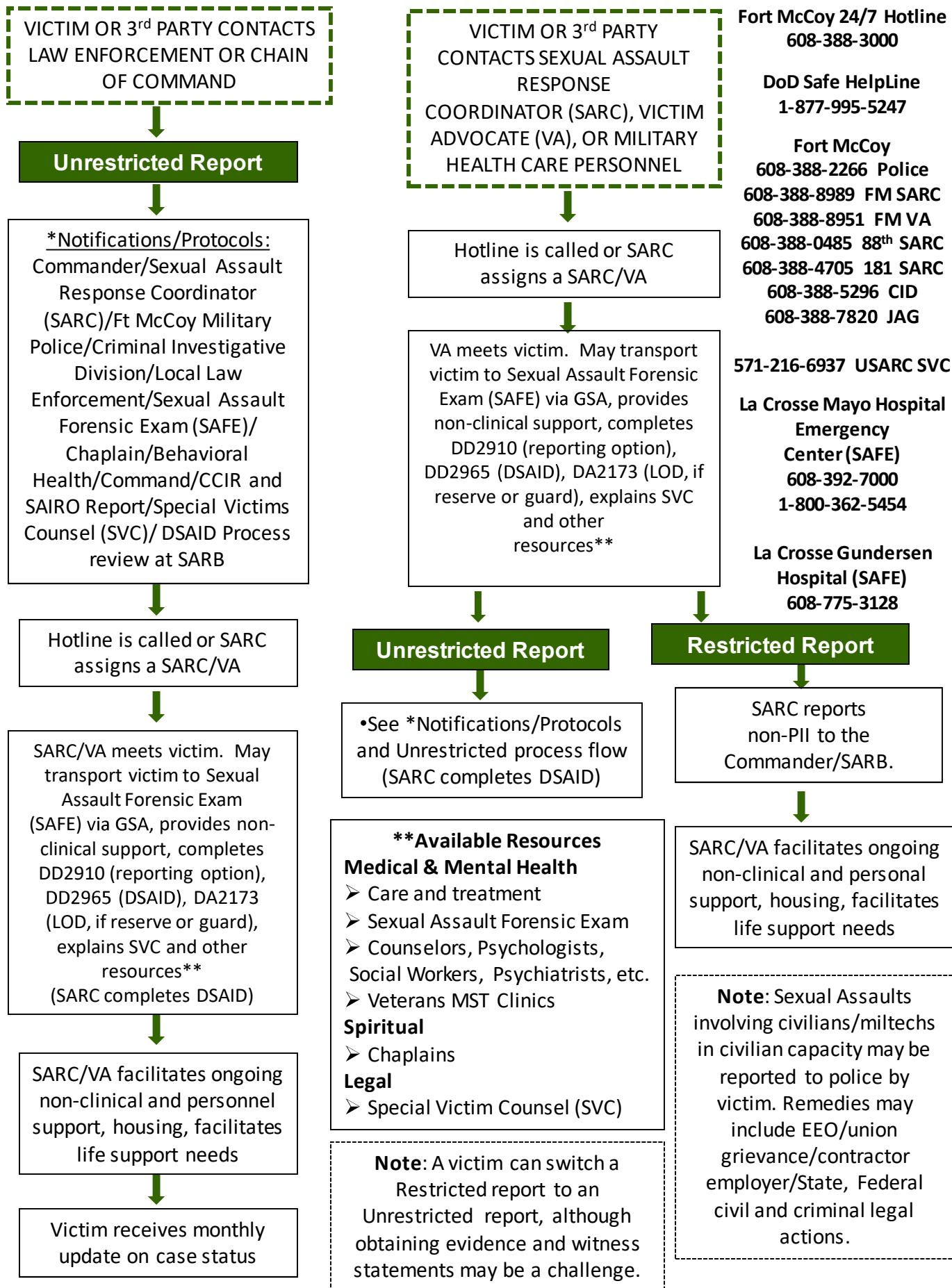
Restricted Reporting

- 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

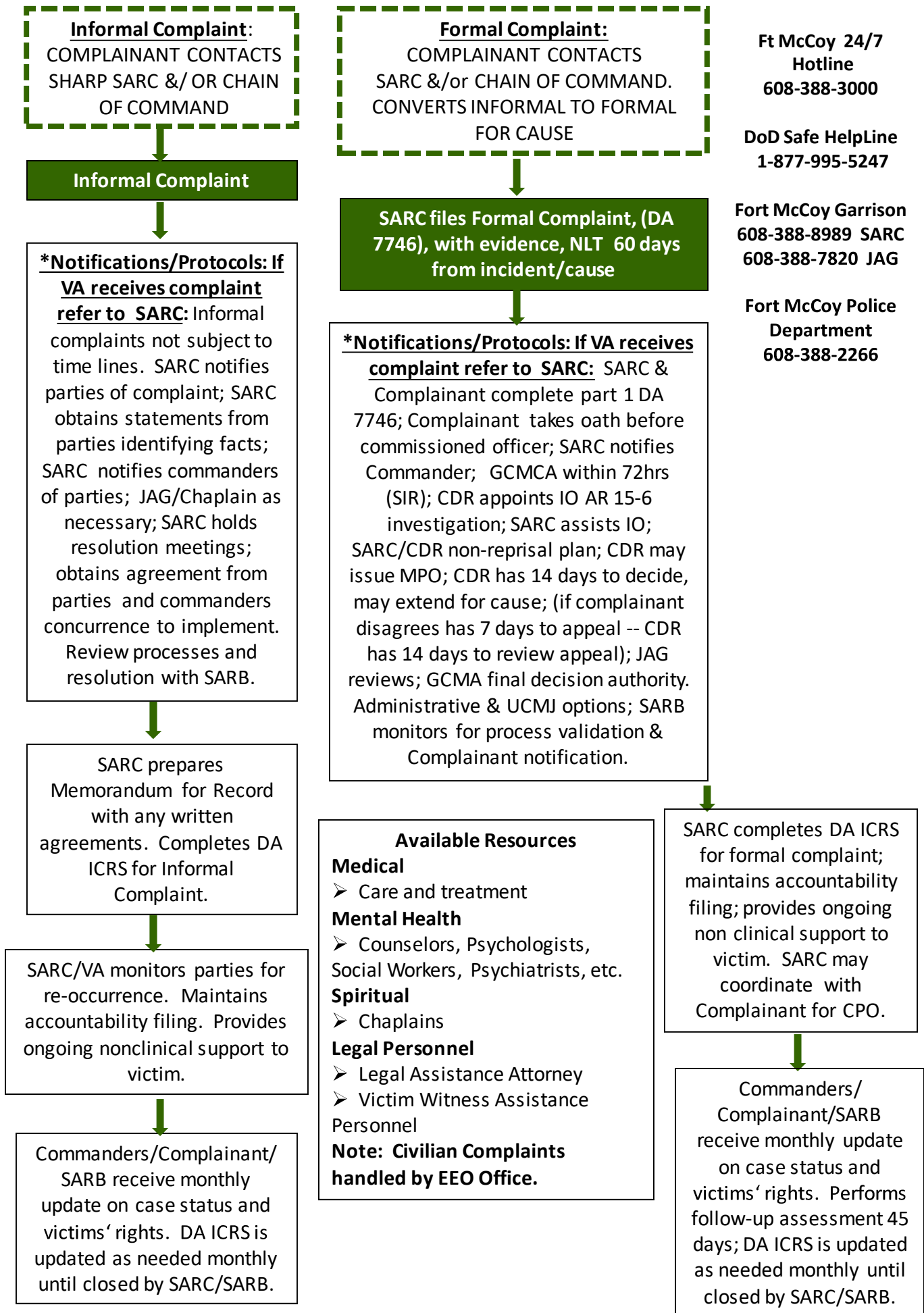
Unrestricted Reporting

- 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



Fort McCoy Sexual Harassment Response Flow Chart (Military)



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

11 Line Action Plan - ***UNRESTRICTED***

<u>Step</u>	<u>Action</u>	<u>Date/Time</u> <u>Action Taken</u>	<u>Initials</u>	<u>Remarks/Notes</u>
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 Fort McCoy Police/CID arrive – guard it/establish initial perimeter			
4	Notify Unrestricted Reporting Chain – SARC/VA, Fort McCoy Police Department, CID, SJA and Higher Command (Consult SJA) and complete a Command Critical Information Requirements (CCIR) with Fort McCoy Police Department 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 Fort McCoy Police Department/CID -Avoid questioning subject about SA allegation -Keep separate, away from others, protected (<i>Consult CID and SJA BEFORE any questioning</i>)			
11	Support investigation, e.g. be prepared to extend Soldier(s) on orders during investigation, coordinate with Fort McCoy directorates on housing/meals/transportation support			

Fort McCoy 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 (LOD) Investigation 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			

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Sexual Assault Survivors in the Military

There is no one "normal" reaction to sexual assault. It can impact you psychologically, emotionally, and physically. These effects can be brief in duration or can last a long time. It can take time to learn how to manage these effects, but with the right support it can happen.

DoD Safe Helpline offers one-on-one, anonymous support to the DoD community, 24 hours a day, 7 days a week, to help you 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 message.

You can also create a personalized self-care plan with the Safe Helpline app. Download it for free from the iOS and Android app store.

Safe Helpline supports all members of the DoD community, and you can access it from anywhere in the world. All Safe Helpline services are confidential and secure, and the information you provide is not shared with anyone in the military.

Need to talk?

We're here to help.



Telephone Helpline
877-995-5247



Online Helpline
SafeHelpline.org



Chat With Peers
SafeHelpRoom.org



Self-Care App
**Available on the iOS and
Android app stores**



Info by Text
**55-247 (in US)
202-470-5546 (outside US)**

DoD
**Safe
Helpline**
.....
Sexual Assault Support for the DoD Community



safehelpline.org
877-995-5247

Secure. Confidential. Anonymous.

About DoD Safe Helpline

DoD Safe Helpline is a crisis support service specially designed for members of the DoD community affected by sexual assault. Safe Helpline staff provide live, one-on-one support to survivors and family. All helpline services are 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, also operates the National Sexual Assault Hotline (800.656.HOPE and online.rainn.org).

Need to talk?

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

Telephone Helpline

Safe Helpline provides live, confidential help over the phone — just call 877-995-5247. The phone number is the same in the U.S. and worldwide via DSN.

Online Helpline

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

Safe HelpRoom: Chat with Peers

Want to chat with people who have been through a similar experience? Visit the online chatroom at SafeHelpRoom.org. Safe HelpRoom is a secure community of survivors that meet to help each other — regardless of time zone or distance.

Visit SafeHelpRoom.org to save a spot at the next discussion.

Self-Care App

Download the Safe Helpline app and create a personalized self-care plan (it's free on iTunes and Google Play).

Once you download the app, you can use the self-care plan and exercises whenever you like, even without an internet connection. Your personalized plan will be stored only on your mobile device and will remain completely confidential.

You can also use the app to call the telephone helpline for free, from anywhere in the world.

Info by Text

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

Message and data rates may apply.

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. Safe Helpline can help you with the transition process.

We can also connect you with the best DoD, VA and civilian resources to help with 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, and we will not 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 also never share any personal information about you or anything you tell us.



Secure. Confidential. Anonymous.

SEXUAL ASSAULT/ HARASSMENT FORMS

Referenced DD and DA forms can be located at: The Army Publishing Directorate,
<https://armypubs.army.mil/>

DD Form 2701, Initial Information for Victims and Witnesses of Crime

DD Form 2910, Victim Reporting Preference Statement

DD Form 2965, Defense Sexual Assault Incident Database (DSAID) Data Form

DD Form 2873, Military Protective Order

DA Form 2173, Statement of Medical Examination and Duty Status

DA Form 7746, Sexual Harassment Complaint

Contact Garrison SHARP Office for the following forms or visit the above website:
SARC Office Phone 608-388-8989, VA Office Phone 608-388-8951, or Building
2111

Special Victims' Council Brochure

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.

VICTIM REPORTING PREFERENCE STATEMENT

(Read Privacy Act Statement Before Completing This form.)

OMB No. 0704-0482
OMB Approval Expires:
20220131

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid Office of Management and Budget control number.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 932, Art. 132 Retaliation, 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness: 10 U.S.C. 7013, Secretary of Army, 10 U.S.C. 8013, Secretary of the Navy, 10 U.S.C. 9013, Secretary of the Air Force, 32 U.S.C. 102, National Guard; DoD Directive 6495.01, (Sexual Assault Prevention and Response Program); Army Regulation 600-20 (Army Command Policy) Chapter 8, Office of the Chief of Naval Operations (OPNAV) Instruction 1752.1C, Sexual Assault Prevention and Response Program; Marine Corps Order 1752.5B, SAPR Program, Air Force Instruction 90-6001, SAPR Program, 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 procedures set up to effectively manage the Sexual Assault Prevention and Response Program.

ROUTINE USE(S): Applicable Routine Use(s) are: To Permit the disclosure of records of closed cases of unrestricted reports to the Department of Veterans Affairs (DVA) for purpose of providing mental and medical care to former Service members, to determine the eligibility for or entitlement to benefits, and to facilitate collaborative research activities between the DoD and DVA. Additional routine uses are listed in the applicable system of records notice, DHRA 06, Defense Sexual Assault Incident Database (DSAID), at <https://dpcid.defense.gov/Privacy/SORnsinex/DOD-wide-SORN-Article-View/Article/570559/dhra-06-dod/>.

DSAID CONTROL NUMBER

RR- _____ UU- _____

RU- _____ Post Transfer- _____

1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE SAPR VA OR SARC

A. I, (full name) _____ (SSN) _____ and (DoD Identification Number) _____

B. ELIGIBILITY WAS EXPLAINED, PLEASE INITIAL BELOW

(1) The services, protective orders, and reporting options that are available.

(2) If my case is prosecuted in a civilian jurisdiction there will be different procedures, e.g. SAFE kit retention.

(3) Eligibility for a Special Victims' Counsel or Victims' Legal Counsel (SVC/VLC) who will be my attorney and not the government's attorney, and who will provide me with legal advice and representation.

(4) The SARC/SAPR VA has informed me of available support services, to include mental health providers, and chaplain resources

(5) Please initial here if this sexual assault occurred PRIOR TO ENTRY into military service (includes both as child or adult)

(6) In accordance with DoD policy, if reporting a sexual assault that occurred prior to or while not performing active 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 Unrestricted Report.

C. UNRESTRICTED REPORTING – REPORTING A CRIME WHICH IS INVESTIGATED (initial)

(1) Law enforcement and my command will be notified that I am a victim of a sexual assault. Military Criminal Investigative Organization (MCIO) investigator (e.g., CID, NCIS, AFOSI) or the appropriate civilian law enforcement agency will investigate. I can receive medical treatment, support services, counseling, and a Sexual Assault Forensic Examination (SAFE) if indicated. A Case Management Group will track my Unrestricted Report and provide a status report. In a UCMJ case, I will be provided a DD Form 2701 (which contains important information about my rights as a victim) from law enforcement or MCIO. I should retain the DD Form 2701.

(2) 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) I may request a Military Protective Order (MPO), and if issued against a service member, my commander will provide me a copy of DD Form 2873.

(4) I also have the option of requesting a Civilian Protection Order (CPO) from a civilian court.

(5) If the crime is prosecuted under the Uniform Code of Military Justice (UCMJ), any communications with my SARC or SAPR VA, for the purpose of facilitating advice or assistance, are confidential under the Victim-Victim Advocate Privilege unless an exception applies under the UCMJ.

D. RESTRICTED REPORTING – CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED (Initial)

(1) I may confidentially receive medical/mental health treatment, advocacy, and legal services. Law enforcement and my command will NOT be notified and the crime will NOT be investigated. No action will be taken against the suspect(s).

(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 that state laws, local laws or international agreements may limit some or all DoD's Restricted Reporting protections. In the (state, city/county) of _____, civilian medical authorities must report the sexual assault when a victim reports or undergoes a SAFE.

(4) I may choose to have a SAFE.

(5) Evidence collected from my SAFE will be stored for 10 years from the date I sign this form, if the SAFE was conducted at a Military Treatment Facility. The DD Form 2911 will be retained for 50 years. Evidence collected by a civilian medical facility will be stored per established Memorandum of Understanding (MOU) with DoD or per state or local laws. I will be contacted in 1 year by my SARC to discuss my options as they relate to this evidence."

(6) For public safety reasons, the SARC will provide assault information that does not reveal my identity or the suspect's to the installation commander.

(7) Expedited transfers and protective orders against the subject will NOT be available to me if I choose Restricted Reporting. I still have the option for SVC/VLC.

(8) Communications with chaplains and SVC/VLCs are protected by law, if those communications were conducted for the appropriate purpose.

(9) I may change my Restricted Report to an Unrestricted Report, at any time. However, delays in changing my report from Restricted to Unrestricted could impact the investigation and judicial process.

(10) I have been informed about and elect: ☐ To participate in the CATCH Program. ☐ Not to participate in the CATCH Program.

As a participant in the CATCH Program, I agree to provide the following contact information:

Phone/Email: _____ Phone/Email: _____

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 criterion.
3. Disability Evaluation Boards, Medical Evaluation Boards, and participating officials. 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.
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.

E. The exceptions to Restricted Reporting have been explained to me. ☐ Yes ☐ No

F. OTHER IMPORTANT CONSIDERATIONS FOR UNRESTRICTED AND RESTRICTED REPORTS (Initial)

(1) If I do not sign this form, the SARC or SAPR VA will not inform investigators, commanders, or others about my sexual assault.

(2) I have the right to decline any or all SAPR advocacy 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. **Restricted Reports:** By signing this form I am giving consent that for Restricted Reports, when applicable, this form will be stored electronically in DSAID for 50 years. **Unrestricted Reports:** 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 if I experience retaliation from supervisors or peers, I can report to the SARC or SAPR-VA through DD form 2910-2 [If I filed an Unrestricted Report]. I can also report it to SVC/VLCs, my commander, law enforcement, Victim Witness Assistance Program or EO personnel, or the Inspector General.

(5) 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 report (e.g., underage drinking).

(6) I was advised I am eligible for Department of Veterans Affairs services related to sexual trauma and information is available at: www.mentalhealth.va.gov/msthome.asp.

2. CHOOSE A REPORTING OPTION (Initial either A. or B.)

A. I elect Unrestricted Reporting. I have decided to report that I am a victim of sexual assault and I understand that my command, law enforcement, and other military authorities will be notified.

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)
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="checkbox"/> COVID RESPONSE</div> <div style="width: 70%;">COVID NOTES</div> </div>			

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)
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"><input type="checkbox"/> COVID RESPONSE</div> <div style="width: 70%;">COVID NOTES</div> </div>			

6. My reason for converting my Restricted Report to an Unrestricted Reporting is: ☐ CATCH Program ☐ Other, please explain: _____

7. VICTIM CONSENTED TO TRANSFER OF (RR/UR) CASE TO ANOTHER SARC. NOT APPLICABLE FOR EXPEDITED TRANSFERS: (X and complete as applicable)

☐ Yes ☐ No If yes: Date (YYYYMMDD) _____ Transfer Location: _____ Victim Initials _____

8. VICTIM CONTACTED AT 1-YEAR MARK OF THE RESTRICTED REPORT: (X and complete as applicable)

☐ Yes ☐ No If yes: Date (YYYYMMDD) _____ If not, document how the SARC attempted to locate the victim. Phone/Email: _____

9. VICTIM REQUESTED A SECOND COPY OF THE DD FORM 2910: (X and complete as applicable)

☐ Yes ☐ No If yes: Date (YYYYMMDD) _____

10. VICTIM REQUESTED A COPY OF THE FORENSIC EXAMINATION DOCUMENTATION: (X and complete as applicable)

☐ Yes ☐ No If yes: Date (YYYYMMDD) _____

11. After a "MATCH" in the CATCH database, I have elected to:

A. Convert my case to UR: (Victim Initials) _____	Date _____
B. Decline to convert to UR, but agreed to be contacted again if another "MATCH": (SARC) _____	
(SARC Initials) _____	Date _____
C. Opt out of the CATCH program: (SARC) _____	(SARC Initials) _____ Date _____
D. SARC unable to contact victim: _____	
(SARC) _____	(SARC Initials) _____ Date _____
(SARC) _____	(SARC Initials) _____ Date _____
(SARC) _____	(SARC Initials) _____ Date _____

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

OMB No. 0704-0482
OMB approval expires
Jan 31, 2022

The public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

PLEASE DO NOT MAIL, FAX, EMAIL OR STORE THIS FORM. DISPOSE OF COMPLETED FORM AS DIRECTED AT THE TOP OF EACH PAGE.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 7013, Secretary of the Army; 10 U.S.C. 8013, Secretary of the Navy; 10 U.S.C. 9013, Secretary of the Air Force; 32 U.S.C. 102, National Guard; DoD Directive 6495.01, SAPR Program; DoD Instruction 6495.02, SAPR Program Procedures; Army Regulation 600-20, Chapter 7, Army Command Policy (SAPR Program); OPNAV Instruction 1752.1C, SAPR Program; Marine Corps Order 1752.5C, SAPR Program; Air Force Instruction 90-6001, SAPR Program; and E.O. 9397 (SSN), as amended.

PRINCIPAL PURPOSE(S): To centralize case-level sexual assault data involving a member of the Armed Forces, in a manner consistent with statute and DoD regulations for Unrestricted and Restricted reporting. To facilitate reports to Congress on claims of retaliation in connection with an Unrestricted Report of sexual assault made by or against a member of the Armed Forces. Records may also be used as a management tool for statistical analysis, tracking, reporting, evaluating program effectiveness, conducting research, and case and business management. De-identified data may also be used to respond to mandated reporting requirements. The DSAID File Locker, a separate module within the system, is used to maintain Victim Reporting Preference Statements and DoD Sexual Assault Forensic Examinations (SAFEs) to ensure compliance with federal records retention requirements and allow Victims and reporters access to these forms for potential use in Department of Veterans Affairs (DVA) benefits applications. <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-06-DoD.pdf>

ROUTINE USE(S): Information provided may be further disclosed to the Department of Veterans Affairs (DVA) for benefits purposes and to facilitate collaborative research activities between the DoD and DVA. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above. In addition to those disclosures generally permitted in accordance with 5 U.S.C. 552a(b), the records contained herein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:

a. To permit the disclosure of records of closed cases of Unrestricted Reports to the DVA for purpose of providing mental health and medical care to former Service members and retirees, to determine the eligibility for or entitlement to benefits, and to facilitate collaborative research activities between the DoD and DVA. b. To contractors responsible for performing or working on contracts for the DoD when necessary to accomplish an agency function related to this System of Records. Individuals provided information under this routine use are subject to the same Privacy Act requirements and limitations on disclosure that apply to DoD officers and employees. c. To any component of the Department of Justice for the purpose of representing the DoD, or its components, officers, employees, or members in pending or potential litigation to which the record is pertinent. d. In an appropriate proceeding before a court, grand jury, or administrative or adjudicative body or official, when the DoD or other Agency representing the DoD determines that the records are relevant and necessary to the proceeding; or in an appropriate proceeding before an administrative or adjudicative body when the adjudicator determines the records to be relevant to the proceeding. e. To the National Archives and Records Administration or the purpose of records management inspections conducted under the authority of 44 U.S.C. 2904 and 2906. f. To a Member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of, and at the request of, the individual who is the subject of the record. g. To appropriate agencies, entities, and persons when (1) the DoD suspects or has confirmed that there has been a breach of the System of Records; (2) the DoD has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the DoD (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the DoD's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm. h. To another Federal agency or Federal entity, when the DoD determines that information from this System of Records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.

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 benefits via the Restricted Reporting option. For Unrestricted Reports, the Social Security Number (SSN) is one of several unique personal identifiers that may be provided. Some alternatives include state driver's license number, passport number, or DoD ID number.

HOW TO USE THIS FORM

Fields on this form should only be completed as needed to fulfill DSAID data requirements for the given type of report (Restricted or Unrestricted); that is, for Restricted Reports no personally identifiable information for Victims (except for the Encryption Key information as described below) or subjects should be captured. In the event that a SARC does not have immediate access to DSAID, this form may be used in the interim to capture the adult sexual assault Victim's information. The information captured on this form shall be entered in DSAID within the timeline established in DoD Instruction (DoDI) 6495.02. In accordance with General Records Schedule (GRS) 5.2, 020, Intermediary Records, and the business use established in DoDI 6495.02, this form shall be destroyed upon verification of successful creation of the information in DSAID or when no longer needed for business use, whichever is later. The form shall NOT be maintained longer than required to input all information required into DSAID per the authorities above. Until such time as the form is destroyed, the form should be covered with a DD Form 2923, "Privacy Act Data Cover Sheet", and maintained under double-lock-and-key when not under the direct control of an individual with a need-to-know. For Restricted Reports, the data for the Encryption Key (see Section I, Block 4), is necessary to maintain privacy and security of DD Forms 2910 and DD Form 2911 in a Restricted Report (RR). Any victim filing a RR may be asked to provide this information when his/her RR is transferred or to access the forms stored electronically in the File Locker. For select definitions of terminology used below, please see the DSAID User Manual. This form cannot be used in place of DD Forms 2910, 2910-1, or 2910-2 to officially report sexual assault, lost forms, and related retaliation, respectively.

SECTION I - DSAID CASE INFORMATION

1. DSAID CONTROL NUMBER RR- _____ UU- _____		2. TYPE OF REPORT (X one) <input type="checkbox"/> RESTRICTED <input type="checkbox"/> UNRESTRICTED		3. SARC PRIMARY LOCATION (DSAID LOCATION CODE)	
4. ENCRYPTION KEYS (For Restricted Report only)					
a. VICTIM DATE OF BIRTH (MM/DD/YYYY)		b. VICTIM MOTHER'S MAIDEN NAME		c. VICTIM STATE/COUNTRY OF BIRTH	
				d. LAST 4 OF VICTIM SSN	
5.a. AGE AT TIME OF INCIDENT (For Restricted Report only)		b. DATE VICTIM SIGNED FORM ELECTING TO CONVERT FROM RR TO RU (if applicable) (MM/DD/YYYY)		c. RU-	
				d. CONVERSION REASON (if known or available)	
6.a. DSAID CASE STATUS (X one) <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> OPEN WITH LIMITED INFORMATION		b. EXPLANATION FOR OPEN WITH LIMITED INFORMATION STATUS (if applicable) <input type="checkbox"/> VICTIM REFUSED/DECLINED SERVICES <input type="checkbox"/> VICTIM OPT-OUT OF PARTICIPATING IN INVESTIGATIVE PROCESS <input type="checkbox"/> LOCAL JURISDICTION REFUSED TO PROVIDE VICTIM INFORMATION <input type="checkbox"/> CIVILIAN VICTIM WITH MILITARY SUBJECT			
7. RESTRICTED REPORT REASON				8. DATE OF REPORT TO DOD (MM/DD/YYYY)	

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9. RESTRICTED REPORT EXCEPTION APPLIED (*X as applicable*)

☐ YES

☐ NO

IF YES, REASON FOR EXCEPTION:

☐ DISCLOSURE IS AUTHORIZED BY VICTIM IN WRITING.

☐ DISCLOSURE IS NECESSARY TO PREVENT OR LESSEN A SERIOUS OR IMMINENT THREAT TO HEALTH OR SAFETY OF THE VICTIM OR ANOTHER PERSON.

☐ DISCLOSURE BY A HCP IS REQUIRED FOR FITNESS FOR DUTY FOR DISABILITY RETIREMENT DETERMINATIONS.

☐ DISCLOSURE IS REQUIRED FOR SARC, VA, OR HCP TO PROVIDE SUPERVISION AND/OR COORDINATION OF DIRECT VICTIM TREATMENT OR SERVICES.

☐ COMMUNICATE WHEN DISCLOSURE IS ORDERED BY A JUDGE, OR OTHER OFFICIALS OR ENTITIES AS REQUIRED BY A FEDERAL OR STATE STATUTE OR APPLICABLE U.S. INTERNATIONAL AGREEMENT.

10. VICTIM NAME: a. LAST

b. FIRST

c. MIDDLE

11. ID TYPE (*X one*)

☐ DOD ID NUMBER

☐ SSN

☐ PASSPORT NUMBER

☐ ALIEN REGISTRATION

☐ FOREIGN COUNTRY ID

☐ UNKNOWN

ID NUMBER:

12.a. VA ASSIGNED (*X one*)

☐ YES

☐ NO

b. IF YES, VA NAME:

c. IF NO, REASON:

SECTION II - VICTIM INFORMATION (*At time of Report, unless otherwise indicated*)

13. DATE VICTIM INFORMED OF OPTIONS (MM/DD/YYYY)

14. DATE VICTIM SIGNED DD FORM 2910 (MM/DD/YYYY)

15. RELATIONSHIP TO SUBJECT(S) (*X all that apply*)

☐ FRIEND

☐ NEIGHBOR

☐ ACQUAINTANCE

☐ LOVE INTEREST/DATING

☐ EXTENDED FAMILY MEMBER

☐ OTHERWISE KNOWN

☐ EMPLOYER

☐ STRANGER

☐ RELATIONSHIP UNKNOWN

☐ SUPERVISOR/COMMAND

☐ RECRUITER

☐ COWORKER

☐ EMPLOYEE

16.a. COMMANDER NAME

b. COMMAND NOTIFICATION
ACCOMPLISHED WITHIN 24
HOURS (*X one*)

☐ YES

☐ NO

c. IF NO, REASON:

17. INCIDENT OCCURRED: (*X as applicable*)

a. INCIDENT OCCURRED ON DEPLOYMENT?

☐ YES

☐ NO

b. INCIDENT OCCURRED ON TDY?

☐ YES

☐ NO

c. INCIDENT OCCURRED ON LEAVE?

☐ YES

☐ NO

18. DOES LOCATION REQUIRE MANDATORY REPORTING FOR MEDICAL CARE FOR A SEXUAL ASSAULT? (*X one*)

☐ YES

☐ NO

19. DATE OF BIRTH
(MM/DD/YYYY)

20. GENDER (*X one*)

☐ MALE

☐ FEMALE

21. ETHNICITY (*X one*)

☐ HISPANIC OR LATINO

☐ NOT HISPANIC OR LATINO

☐ UNKNOWN/CHOOSES NOT
TO DISCLOSE

22. RACE (*X one*)

☐ AMERICAN INDIAN OR ALASKA NATIVE

☐ ASIAN

☐ WHITE

☐ BLACK OR AFRICAN AMERICAN

☐ NATIVE HAWAIIAN OR OTHER
PACIFIC ISLANDER

☐ UNKNOWN/CHOOSES NOT TO DISCLOSE

23. VICTIM TYPE (*X one*) (*For adult dependents, select U.S. Civilian and complete Block 24, 26, 27, 28, and 29.*)

☐ MILITARY

☐ DOD CIVILIAN

☐ OTHER GOVT. CIVILIAN

☐ U.S. CIVILIAN

☐ FOREIGN NATIONAL

☐ FOREIGN MILITARY

☐ DOD CONTRACTOR

24. VICTIM AFFILIATION (*X one*)

☐ ARMY

☐ NAVY

☐ AIR FORCE

☐ MARINE CORPS

☐ SPACE FORCE

☐ COAST GUARD

☐ DOD

☐ NOAA

☐ PUBLIC HEALTH

☐ N/A

25. VICTIM STATUS

a. IF MILITARY, VICTIM DUTY STATUS (*X one*)

☐ ACTIVE DUTY

☐ NATIONAL GUARD (NG)

☐ RESERVE

b. VICTIM RECRUIT/TRAINING STATUS (*X one*)

☐ YES

☐ NO

c. (1) IF VICTIM DUTY STATUS IS NG, TYPE OF NATIONAL GUARD SERVICE (*X one*): ☐ TITLE 10 ☐ TITLE 32

(2) VICTIM NG STATE AFFILIATION (*X one*)

☐ 50 STATES (*ENTER STATE*):

☐ DISTRICT OF COLUMBIA

☐ PUERTO RICO

☐ GUAM

☐ VIRGIN ISLANDS

(3) VICTIM NG TITLE 10 CATEGORY (*X one*)

☐ NATIONAL GUARD

☐ ACTIVE DUTY ARMED SERVICES

☐ RESERVISTS

(4) VICTIM NG TITLE 32 CATEGORY (*X one*)

☐ ACTIVE GUARD AND RESERVE (AGR)

☐ TRADITIONAL/M DAY

☐ TECHNICIAN/DUAL STATUS

☐ TECHNICIAN/NON-DUAL STATUS

☐ NOT IN DUTY STATUS

(5) IF VICTIM IS TITLE 32 AND VICTIM RECRUIT/TRAINING STATUS IS YES, NG VICTIM RECRUIT/TRAINING STATUS (*X one*)

☐ NG PRE-ACCESSION RECRUIT SUSTAINMENT PROGRAM (RSP)

☐ PRE-RECRUIT GENERAL EDUCATION DEVELOPMENT (GED) PROGRAM

d. IF VICTIM IS DOD CIVILIAN/OTHER GOVERNMENT CIVILIAN: PAY PLAN (*X one*)

☐ GS

☐ WG

☐ NAF

☐ SES

☐ OTHER

☐ UNKNOWN

e. IF VICTIM IS MILITARY/CIVILIAN, PAY GRADE

f. VICTIM ASSIGNED LOCATION

g. VICTIM ASSIGNED UIC

h. VICTIM ASSIGNED UNIT NAME

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- i. IF GUARD OR RESERVE, WAS LINE OF DUTY (LOD) INITIATED? (X one) ☐ YES ☐ NO IF NO, X REASON:
☐ VICTIM DID NOT WANT LOD INITIATED ☐ NO INFORMATION AVAILABLE FROM ACTIVE DUTY SARC ☐ LOD NOT OFFERED
☐ ASSAULT DID NOT OCCUR IN DUTY STATUS ☐ OTHER

26. VICTIM CONTACT INFORMATION (Address/Telephone/Email)

27. IF NOT MILITARY, VICTIM DEPENDENT STATUS (X one)

- ☐ YES - MILITARY DEPENDENT ☐ YES - DOD CIVILIAN (OCONUS) DEPENDENT ☐ NO

28. VICTIM DEPENDENT RELATIONSHIP (X one)

- ☐ SPOUSE ☐ ADULT CHILD ☐ PARENT

29. WAS THE VICTIM IN THE MILITARY AT THE TIME OF THE ASSAULT? (X one) ☐ YES ☐ NO

SECTION III - VICTIM SAFETY (For multiple instances, reuse as needed)

30.a. VICTIM SAFETY ASSESSMENT COMPLETED? (X and complete as applicable) ☐ YES ☐ NO

b. IF YES, WAS A VICTIM SAFETY CONCERN IDENTIFIED? (X one) ☐ YES ☐ NO

c. IF YES, VICTIM SAFETY CONCERN NOTES(S)

d. VICTIM SAFETY CONCERN NOTE DATE (MM/DD/YYYY)

e. IF A VICTIM SAFETY ASSESSMENT WAS NOT COMPLETED, WHAT WAS THE REASON?

f. VWAP (DD Form 2701) PROVIDED (X one)

- ☐ YES ☐ NO

31. VICTIM INFORMED OF RIGHT TO REQUEST EXPEDITED TRANSFER? (X one)

- ☐ YES ☐ NO

32.a. CIVILIAN PROTECTIVE ORDER (CPO) REQUESTED?
(X and complete as applicable)

- ☐ YES
☐ NO

b. IF YES, EFFECTIVE DATE OF CPO (MM/DD/YYYY)

33.a. MILITARY PROTECTIVE ORDER (MPO) REQUESTED? (X and complete as applicable)

- ☐ YES ☐ NO IF YES:

b. MPO REQUEST DATE
(MM/DD/YYYY)

- c. MPO ISSUED (X one)
☐ YES
☐ NO

d. MPO ISSUE DATE
(MM/DD/YYYY)

- e. MPO VIOLATED (X one)
☐ YES
☐ NO

- f. IF YES, BY WHOM? (X one)
☐ VICTIM ☐ SUBJECT
☐ BOTH

34. VICTIM EXPEDITED TRANSFER

a. DATE VICTIM REQUESTED EXPEDITED TRANSFER (MM/DD/YYYY)

b. VICTIM EXPEDITED TRANSFER REQUESTED TYPE (X one)

- ☐ LOCAL - UNIT/DUTY TRANSFER ☐ PCS - INSTALLATION TRANSFER

c. COMMAND DECISION FOR EXPEDITED TRANSFER (X one)

- ☐ APPROVE ☐ DISAPPROVE

d. REASON FOR DISAPPROVED EXPEDITED TRANSFER PER COMMAND DECISION

e. DATE OF COMMAND DECISION FOR EXPEDITED TRANSFER
(MM/DD/YYYY)

f. VICTIM TRANSFERRED PER
COMMAND DECISION? (X one)

- ☐ YES ☐ NO

g. VICTIM REQUESTED REVIEW FOR
EXPEDITED TRANSFER? (X one)

- ☐ YES ☐ NO

h. SENIOR LEVEL DECISION FOR EXPEDITED
TRANSFER? (X one)

- ☐ APPROVE ☐ DISAPPROVE

i. DATE OF SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER
(MM/DD/YYYY)

j. VICTIM TRANSFERRED PER SENIOR LEVEL COMMAND DECISION?
(X one)

- ☐ YES ☐ NO

SECTION IV - REFERRAL SUPPORT (For multiple instances, reuse as needed)

35.a. REFERRAL RESOURCE TYPE (X one)

- ☐ MILITARY ☐ CIVILIAN

b. TYPE OF SUPPORT (X all that apply)

- ☐ MEDICAL ☐ MENTAL HEALTH ☐ LEGAL ☐ CHAPLAIN/SPIRITUAL SUPPORT
☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE ☐ DOD SAFE HELPLINE
☐ RAPE CRISIS CENTER ☐ OTHER (Specify)

c. DATE OF REFERRAL
(MM/DD/YYYY)

d. REFERRAL SERVICE COMMENT (NOTE: **Do NOT** enter any HIPAA information.)

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36.a. REFERRAL RESOURCE TYPE (*X one*)

☐ MILITARY

☐ CIVILIAN

b. TYPE OF SUPPORT (*X all that apply*)

☐ MEDICAL

☐ MENTAL HEALTH

☐ LEGAL

☐ CHAPLAIN/SPIRITUAL SUPPORT

☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE

☐ DOD SAFE HELPLINE

☐ RAPE CRISIS CENTER

☐ OTHER (*Specify*)

c. DATE OF REFERRAL
(MM/DD/YYYY)

d. REFERRAL SERVICE COMMENT (*NOTE: Do NOT enter any HIPAA information.*)

37.a. REFERRAL RESOURCE TYPE (*X one*)

☐ MILITARY

☐ CIVILIAN

b. TYPE OF SUPPORT (*X all that apply*)

☐ MEDICAL

☐ MENTAL HEALTH

☐ LEGAL

☐ CHAPLAIN/SPIRITUAL SUPPORT

☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE

☐ DOD SAFE HELPLINE

☐ RAPE CRISIS CENTER

☐ OTHER (*Specify*)

c. DATE OF REFERRAL
(MM/DD/YYYY)

d. REFERRAL SERVICE COMMENT (*NOTE: Do NOT enter any HIPAA information.*)

38.a. REFERRAL RESOURCE TYPE (*X one*)

☐ MILITARY

☐ CIVILIAN

b. TYPE OF SUPPORT (*X all that apply*)

☐ MEDICAL

☐ MENTAL HEALTH

☐ LEGAL

☐ CHAPLAIN/SPIRITUAL SUPPORT

☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE

☐ DOD SAFE HELPLINE

☐ RAPE CRISIS CENTER

☐ OTHER (*Specify*)

c. DATE OF REFERRAL
(MM/DD/YYYY)

d. REFERRAL SERVICE COMMENT (*NOTE: Do NOT enter any HIPAA information.*)

SECTION V - FORENSIC EXAM

39. WAS FORENSIC EXAM OFFERED? (*X one*)

☐ YES

☐ NO

IF NO, REASON:

40.a. WAS FORENSIC EXAM COMPLETED? (*X and complete as applicable*)

☐ YES

☐ NO

b. IF YES: (1) LOCATION OF FORENSIC EXAM:

☐ ON INSTALLATION

☐ OFF INSTALLATION

(2) DATE OF EXAM (MM/DD/YYYY)

**c. IF NO, WAS IT BECAUSE SAFE KIT AND/OR
OTHER NEEDED SUPPLIES NOT AVAILABLE?**

☐ YES

☐ NO

(3) STORAGE LOCATION OF SAFE KIT

41. RESTRICTED REPORT CONTROL NUMBER (*For Restricted Report only*)

SECTION VI - INVESTIGATIVE AGENCY

42.a. INVESTIGATIVE CASE FILE OPENED: (*X and complete as applicable*)

☐ YES

☐ NO

b. IF YES, INVESTIGATIVE CASE NUMBER*

c. INITIAL INVESTIGATIVE AGENCY LOCATION

*REFER TO THE DSAID SUPPORT PAGE FOR CURRENT INVESTIGATIVE CASE NUMBER FORMATS.

d. IF NO, PROVIDE A REASON (*X and complete as applicable*)

☐ INCIDENT OCCURRED PRIOR TO VICTIM'S MILITARY SERVICE

☐ ALLEGED PERPETRATOR NOT SUBJECT TO UCMJ

☐ INCIDENT BEYOND STATUTE OF LIMITATIONS

☐ OTHER (*Specify*)

43. AGENCY CONDUCTING INVESTIGATION (*X one*)

☐ NCIS

☐ AFOSI

☐ ARMY CID

☐ NG/JA/OCI

☐ CGIS

☐ CIVILIAN LAW ENFORCEMENT

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

44. DATE INVESTIGATIVE ACTIVITY OPENED (MM/DD/YYYY)		45. INVESTIGATIVE ACTIVITY COMPLETED (X and complete as applicable) <input type="checkbox"/> YES IF YES, DATE INVESTIGATIVE ACTIVITY COMPLETED (MM/DD/YYYY) <input type="checkbox"/> NO	
SECTION VII - INVESTIGATIVE AGENCY CASE TRANSFER (If applicable)			
46. INVESTIGATIVE AGENCY CASE TRANSFERRED (X one) <input type="checkbox"/> ACROSS SERVICES <input type="checkbox"/> WITHIN SERVICES <input type="checkbox"/> TO NON-MILITARY JURISDICTION		47. ASSOCIATED INVESTIGATIVE CASE NUMBER (See format instructions above)	
48. INVESTIGATIVE AGENCY CASE TRANSFER DATE (MM/DD/YYYY)		49. AGENCY CONDUCTING INVESTIGATION (X one) <input type="checkbox"/> NCIS <input type="checkbox"/> AFOSI <input type="checkbox"/> ARMY CID <input type="checkbox"/> NG/JA/OCI <input type="checkbox"/> CGIS <input type="checkbox"/> CIVILIAN LAW ENFORCEMENT	
50. GAINING INVESTIGATIVE AGENCY LOCATION			
SECTION VIII - SUBJECT INFORMATION (For multiple subjects, reuse as needed.)			
51. RESTRICTED REPORT: SUBJECT TYPE (X one) <input type="checkbox"/> MILITARY - CADET/MIDSHIPMAN/PREP SCHOOL STUDENT <input type="checkbox"/> MILITARY - NON CADET/MIDSHIPMAN/PREP SCHOOL STUDENT <input type="checkbox"/> DOD CIVILIAN <input type="checkbox"/> OTHER GOVT. CIVILIAN <input type="checkbox"/> U.S. CIVILIAN <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> FOREIGN MILITARY <input type="checkbox"/> DOD CONTRACTOR <input type="checkbox"/> UNKNOWN			
UNRESTRICTED REPORT:			
52. SUBJECT NAME: a. LAST		b. FIRST	
		c. MIDDLE	
53. ID TYPE (X one) <input type="checkbox"/> SSN <input type="checkbox"/> PASSPORT NUMBER <input type="checkbox"/> ALIEN REGISTRATION <input type="checkbox"/> FOREIGN COUNTRY ID <input type="checkbox"/> UNKNOWN ID NUMBER: _____		54. DATE OF BIRTH (MM/DD/YYYY)	55. AGE AT TIME OF INCIDENT
		56. GENDER (X one) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	
57. ETHNICITY (X one) <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> UNKNOWN	58. RACE (X one) <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/> UNKNOWN		59. DEPENDENT STATUS (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO
60. SUBJECT TYPE (X one) <input type="checkbox"/> MILITARY <input type="checkbox"/> DOD CIVILIAN <input type="checkbox"/> OTHER GOVERNMENT CIVILIAN <input type="checkbox"/> U.S. CIVILIAN <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> FOREIGN MILITARY <input type="checkbox"/> DOD CONTRACTOR <input type="checkbox"/> UNKNOWN			
61. SERVICE AFFILIATION (X one) <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> SPACE FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> DOD <input type="checkbox"/> NOAA <input type="checkbox"/> PUBLIC HEALTH <input type="checkbox"/> UNKNOWN			
62.a. DUTY STATUS (X one if applicable) <input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> NATIONAL GUARD (NG) <input type="checkbox"/> RESERVE <input type="checkbox"/> UNKNOWN			
b. IF SUBJECT DUTY STATUS IS NG:			
(1) SUBJECT NATIONAL GUARD SERVICE (X one) <input type="checkbox"/> TITLE 10 <input type="checkbox"/> TITLE 32		(2) SUBJECT NG STATE AFFILIATION (X one) <input type="checkbox"/> 50 STATES (ENTER STATE): _____ <input type="checkbox"/> DISTRICT OF COLUMBIA <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> GUAM <input type="checkbox"/> VIRGIN ISLANDS	
(3) SUBJECT NG TITLE 10 CATEGORY (X one) <input type="checkbox"/> ANNUAL TRAINING (AT) <input type="checkbox"/> ACTIVE DUTY ARMED SERVICES <input type="checkbox"/> BASIC TRAINING <input type="checkbox"/> TECHNICAL/ADVANCED INDIVIDUAL TRAINING (AIT) <input type="checkbox"/> MOBILIZED OCONUS <input type="checkbox"/> MOBILIZED CONUS <input type="checkbox"/> PROFESSIONAL MILITARY EDUCATION (PME) <input type="checkbox"/> RESERVISTS		<input type="checkbox"/> ACTIVE GUARD AND RESERVE (AGR) <input type="checkbox"/> ACTIVE DUTY OPERATIONAL SUPPORT (ADOS)	
(4) SUBJECT NG TITLE 32 CATEGORY (X one) <input type="checkbox"/> ANNUAL TRAINING (AT) <input type="checkbox"/> ACTIVE GUARD AND RESERVE (AGR) <input type="checkbox"/> INACTIVE DUTY TRAINING (IDT) <input type="checkbox"/> ACTIVE DUTY OPERATIONAL SUPPORT (ADOS) <input type="checkbox"/> PROFESSIONAL MILITARY EDUCATION (PME) <input type="checkbox"/> RECRUIT SUSTAINMENT PROGRAM/STUDENT FLIGHT <input type="checkbox"/> ROTC <input type="checkbox"/> STATE ACTIVE DUTY (SAD) <input type="checkbox"/> NOT IN DUTY STATUS <input type="checkbox"/> TECHNICIAN DUAL STATUS <input type="checkbox"/> TECHNICIAN NON DUAL STATUS		<input type="checkbox"/> PROFESSIONAL MILITARY EDUCATION (PME) <input type="checkbox"/> RESERVISTS	
(5) NG SUBJECT RECRUIT/TRAINING STATUS (X one) <input type="checkbox"/> NG PRE-ACCESSION RECRUIT SUSTAINMENT PROGRAM (RSP) <input type="checkbox"/> PRE-RECRUIT GENERAL EDUCATION DEVELOPMENT (GED) PROGRAM <input type="checkbox"/> N/A			
c. IF SUBJECT IS MILITARY/CIVILIAN, PAY GRADE		d. SUBJECT DUTY ASSIGNMENT (X one) <input type="checkbox"/> RECRUITER <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> DRILL SERGEANT <input type="checkbox"/> DRILL INSTRUCTOR <input type="checkbox"/> N/A	
e. IF SUBJECT IS DOD CIVILIAN/OTHER GOVERNMENT CIVILIAN: PAY PLAN (X one) <input type="checkbox"/> GS <input type="checkbox"/> WG <input type="checkbox"/> NAF <input type="checkbox"/> SES <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN			
f. SUBJECT ASSIGNED LOCATION		g. SUBJECT ASSIGNED UNIT NAME	
		h. SUBJECT ASSIGNED UIC	

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

SECTION IX - INCIDENT DETAIL

63.a. FOR RESTRICTED REPORT, IS DATE OF INCIDENT KNOWN (X and complete as applicable) ☐ YES ☐ NO

b. IF YES, DATE OF INCIDENT (MM/DD/YYYY)

c. IS DATE AN ESTIMATE? (X one)

☐ YES ☐ NO

64. FOR UNRESTRICTED REPORT:

a. DATE OF INCIDENT (MM/DD/YYYY)

b. IS DATE AN ESTIMATE? (X one)

☐ YES ☐ NO

65. INCIDENT TIME OF DAY

66.a. INCIDENT LOCATION (X one)

☐ ON MILITARY INSTALLATION/SHIP (OTHER THAN ACADEMY GROUNDS) ☐ ON ACADEMY GROUNDS

☐ OFF MILITARY INSTALLATION/SHIP/ACADEMY GROUNDS ☐ UNIDENTIFIED

b. TYPE OF LOCATION (For example, private vehicle or hotel)

c. INCIDENT LOCATION NAME

d. STATE/COUNTRY

e. CITY

67. FOR VICTIM AND/OR SUBJECT: (X as applicable)

a. WAS ALCOHOL INVOLVED? ☐ YES ☐ NO ☐ UNKNOWN b. WERE DRUGS INVOLVED? ☐ YES ☐ NO ☐ UNKNOWN

68. WEAPONS USED? (X as applicable) ☐ YES ☐ NO ☐ UNKNOWN

69. TYPE(S) OF OFFENSE INVESTIGATED

a. FOR INCIDENTS OCCURRED PRIOR TO OCTOBER 1, 2007: (X as applicable)

☐ RAPE (ART. 120) ☐ INDECENT ASSAULT (ART. 134) ☐ FORCIBLE SODOMY (ART. 125)

☐ ATTEMPTS TO COMMIT OFFENSES (ART. 80) ☐ UNKNOWN (NG ONLY) ☐ PROSECUTED BY STATE LAW (NG ONLY)

b. FOR INCIDENTS OCCURRED ON OR AFTER OCTOBER 1, 2007 AND BEFORE JUNE 28, 2012: (X as applicable)

☐ RAPE (ART. 120) ☐ AGGRAVATED SEXUAL ASSAULT (ART. 120) ☐ AGGRAVATED SEXUAL CONTACT (ART. 120) ☐ ABUSIVE SEXUAL CONTACT (ART. 120)

☐ WRONGFUL SEXUAL CONTACT (ART. 120) ☐ FORCIBLE SODOMY (ART. 125) ☐ ATTEMPTS TO COMMIT OFFENSES (ART. 80) ☐ INDECENT ASSAULT (ART. 134)

☐ UNKNOWN (NG ONLY) ☐ PROSECUTED BY STATE LAW (NG ONLY)

c. FOR INCIDENTS OCCURRED ON OR AFTER JUNE 28, 2012 AND BEFORE JANUARY 1, 2019: (X as applicable)

☐ RAPE (ART. 120) ☐ SEXUAL ASSAULT (ART. 120) ☐ AGGRAVATED SEXUAL CONTACT (ART. 120) ☐ ABUSIVE SEXUAL CONTACT (ART. 120)

☐ FORCIBLE SODOMY (ART. 125) ☐ ATTEMPTS TO COMMIT OFFENSES (ART. 80) ☐ UNKNOWN (NG ONLY) ☐ PROSECUTED BY STATE LAW (NG ONLY)

d. FOR INCIDENTS OCCURRED ON OR AFTER JANUARY 1, 2019: (X as applicable)

☐ RAPE (ART. 120) ☐ SEXUAL ASSAULT (ART. 120) ☐ AGGRAVATED SEXUAL CONTACT (ART. 120) ☐ ABUSIVE SEXUAL CONTACT (ART. 120)

☐ ATTEMPTS TO COMMIT OFFENSES (ART. 80) ☐ UNKNOWN (NG ONLY) ☐ PROSECUTED BY STATE LAW (NG ONLY)

e. IF VICTIM DUTY STATUS WAS NG AT THE TIME OF INCIDENT:

(1) PAY GRADE AT TIME OF INCIDENT

(2) VICTIM NATIONAL GUARD SERVICE AT TIME OF INCIDENT (X one)

☐ TITLE 10 ☐ TITLE 32

(3) VICTIM NG TITLE 10 CATEGORY AT THE TIME OF INCIDENT (X one)

☐ BASIC TRAINING ☐ TECHNICAL/ADVANCED INDIVIDUAL TRAINING (AIT) ☐ MOBILIZED OCONUS

☐ MOBILIZED CONUS ☐ ANNUAL TRAINING (AT) ☐ ACTIVE DUTY ARMED SERVICES

☐ ACTIVE GUARD AND RESERVE (AGR) ☐ PROFESSIONAL MILITARY EDUCATION (PME) ☐ ACTIVE DUTY OPERATIONAL SUPPORT (ADOS)

(4) VICTIM NG TITLE 32 CATEGORY AT THE TIME OF INCIDENT (X one)

☐ STATE ACTIVE DUTY (SAD) ☐ INACTIVE DUTY TRAINING (IDT) ☐ ANNUAL TRAINING (AT) ☐ NOT IN DUTY STATUS

☐ TECHNICIAN DUAL STATUS ☐ TECHNICIAN NON-DUAL STATUS ☐ RECRUIT SUSTAINMENT PROGRAM/STUDENT FLIGHT

☐ PROFESSIONAL MILITARY EDUCATION (PME) ☐ ROTC ☐ ACTIVE GUARD AND RESERVE (AGR) ☐ ACTIVE DUTY OPERATIONAL SUPPORT (ADOS)

SECTION X - SEXUAL ASSAULT RELATED RETALIATION CASE INFORMATION

70. RETALIATION CONTROL NUMBER

71. ASSOCIATED DSAID CONTROL NUMBER

72. INVOLVES MULTIPLE DSAID CASES? (X one)

☐ YES ☐ NO

73. SARC PRIMARY LOCATION (DSAID LOCATION CODE)

74. DATE ALLEGATIONS OF RETALIATION WAS REPORTED (MM/DD/YYYY)

75. DSAID RETALIATION CASE STATUS (X one)

☐ OPEN ☐ CLOSED

76. TYPE OF RETALIATION REPORTER (X one)

☐ ADULT SEXUAL ASSAULT VICTIM ☐ VICTIM'S FAMILY MEMBER ☐ WITNESS

☐ BYSTANDER (WHO INTERVENED) ☐ SARC ON THIS CASE ☐ RESPONDER

☐ SAPR VA ON THIS CASE ☐ OTHER PARTY

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

77. INDIVIDUAL/ORGANIZATION TO WHOM THE REPORT OF RETALIATION WAS MADE (X one)

☐ ARMY IG ☐ AIR FORCE IG ☐ NAVY IG ☐ USMC IG ☐ COAST GUARD IG ☐ NATIONAL GUARD IG ☐ DOD IG ☐ ARMY CHAIN OF COMMAND
☐ AIR FORCE CHAIN OF COMMAND ☐ NATIONAL GUARD CHAIN OF COMMAND ☐ NAVY CHAIN OF COMMAND ☐ USMC CHAIN OF COMMAND
☐ COAST GUARD CHAIN OF COMMAND ☐ SPACE FORCE CHAIN OF COMMAND ☐ ARMY CID ☐ NCIS ☐ AFOSI ☐ CGIS ☐ NG OCI
☐ ARMY LAW ENFORCEMENT ☐ AIR FORCE LAW ENFORCEMENT ☐ NAVY LAW ENFORCEMENT ☐ MARINE CORPS LAW ENFORCEMENT
☐ COAST GUARD LAW ENFORCEMENT ☐ SARC ☐ SAPR VA ☐ MEO ADVISOR/REPRESENTATIVE ☐ NON-DOD ENTITY ☐ OTHER

78. OTHER INDIVIDUAL/ORGANIZATION TO WHOM THE REPORT OF RETALIATION WAS MADE

79. RETALIATION REPORTER NAME a. LAST b. FIRST c. MIDDLE

80. REPORTER IDENTIFICATION TYPE (X one)

☐ DOD ID NUMBER ☐ PASSPORT NUMBER ☐ ALIEN REGISTRATION NUMBER ☐ FOREIGN COUNTRY ID ☐ UNKNOWN

ID NUMBER: _____

81. REPORTER DATE OF BIRTH (MM/DD/YYYY)

82. REPORTER GENDER (X one)

☐ MALE ☐ FEMALE

83. DATE THAT THE RETALIATION REPORTER WAS INFORMED OF THE TYPES OF INVESTIGATIVE ENTITIES, TO INCLUDE THE IG, AND THE AVAILABILITY OF SVC/VLC (IF ELIGIBLE) (MM/DD/YYYY)

84. RETALIATION REPORTER AGREED TO HAVE THEIR CASE DISCUSSED AT CMG (X one) ☐ YES ☐ NO

85. PRIVACY ISSUES PREVENT SARC FROM DISCUSSING REPORTING ENTITIES WITH THE REPORTER (X one) ☐ YES ☐ NO

86. NARRATIVE OF THE RETALIATION ALLEGATION(S)

87. REPORTER TYPE (X one)

☐ MILITARY ☐ DOD CIVILIAN ☐ DOD CONTRACTOR ☐ OTHER GOVERNMENT CIVILIAN
☐ U.S. CIVILIAN ☐ FOREIGN NATIONAL ☐ FOREIGN MILITARY ☐ UNKNOWN (SERVICE/DOD IG)

88. SERVICE AFFILIATION (X one)

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ SPACE FORCE ☐ COAST GUARD ☐ DOD ☐ NOAA ☐ PUBLIC HEALTH ☐ N/A

89.a. DUTY STATUS (X one, if applicable)

☐ ACTIVE DUTY ☐ NATIONAL GUARD (NG) ☐ RESERVE

b. IF REPORTER DUTY STATUS IS NG:

(1) REPORTER NATIONAL GUARD SERVICE (X one)	(2) REPORTER PAY PLAN (X one)	(3) REPORTER PAY GRADE	(4) REPORTER GRADE
<input type="checkbox"/> TITLE 10 <input type="checkbox"/> TITLE 32	<input type="checkbox"/> GS <input type="checkbox"/> WG <input type="checkbox"/> NAF <input type="checkbox"/> SES <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN		
(5) REPORTER ASSIGNED LOCATION	(6) REPORTER ASSIGNED UNIT NAME	(7) REPORTER ASSIGNED UIC	

90. IS SUPPORT BEING PROVIDED TO THE REPORTER? (X one) ☐ YES ☐ NO

91. ACTIONS TAKEN TO SUPPORT REPORTER OF RETALIATION (X one)

☐ BRIEFING/TRAINING FOR UNIT/INSTALLATION
☐ UNFAVORABLE PERSONNEL ACTION, PUNISHMENT, OR ADMINISTRATIVE ACTION AGAINST THE RETALIATION REPORTER REVERSED
☐ COMMAND IMPLEMENTED NEW POLICIES
☐ TRANSFER OF RETALIATION REPORTER
☐ MILITARY PROTECTIVE ORDER ISSUED OR CIVILIAN PROTECTIVE ORDER OBTAINED BY RETALIATION REPORTER
☐ SAFETY PLAN UPDATED FOR RETALIATION REPORTER
☐ COMMAND TOOK ACTION ON BEHALF OF THE RETALIATION REPORTER TO END THE NEGATIVE TREATMENT
☐ COMMAND IS MONITORING THE SITUATION
☐ COMMAND IS PROVIDING DIRECT SUPPORT TO THE REPORTER
☐ ACTION PENDING
☐ NO ACTION TAKEN
☐ OTHER
☐ UNKNOWN

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

92. OTHER ACTIONS TAKEN TO SUPPORT REPORTER OF RETALIATION

93. REASON NO SUPPORT IS BEING PROVIDED (X one)

- ☐ ALLEGATIONS UNSUBSTANTIATED BASED ON ADMINISTRATIVE INVESTIGATIONS ☐ REPORTER LEFT SERVICE
- ☐ ALLEGATIONS UNFOUNDED BASED ON CRIMINAL INVESTIGATIONS ONLY, PER DODI 5505.18 ☐ REPORTER DID NOT WANT ANY ACTION TAKEN
- ☐ NO OFFICIAL COMPLAINT/COMPLAINT WITHDRAWN ☐ REPORTER DIED/DESERTED
- ☐ COMMAND DECLINED ACTION ☐ OTHER

94. OTHER REASON NO SUPPORT IS BEING PROVIDED

95. REPORTER SUPPORT CASE NOTES

96. INVESTIGATION CASE FILE OPENED (X one) ☐ YES ☐ NO

97. REASON WHY NO INVESTIGATION OPENED (X one)

- ☐ DID NOT MEET THE THRESHOLD FOR RETALIATION (I.E., REPRISAL ACTIONS, RESTRICTION, OSTRACISM, CRUELTY OR MALTREATMENT, OR CRIMINAL ACT FOR A RETALIATORY PURPOSE)
- ☐ REFERRED TO ANOTHER AGENCY TO INVESTIGATE (E.G., DOD IG) ☐ REPORTER DECLINED TO PARTICIPATE IN THE INVESTIGATION
- ☐ REPORTER DIED ☐ REPORTER WITHDREW COMPLAINT ☐ REPORTER IS ABSENT WITHOUT LEAVE
- ☐ REPORTER SEPARATED FROM THE SERVICE

98. PROGRAM RESPONSIBLE FOR INVESTIGATING RETALIATION ALLEGATION(S) (X one)

- ☐ ARMY IG ☐ AIR FORCE IG ☐ NAVY IG ☐ USMC IG ☐ COAST GUARD IG ☐ NATIONAL GUARD IG ☐ DOD IG
- ☐ ARMY CHAIN OF COMMAND ☐ AIR FORCE CHAIN OF COMMAND ☐ NATIONAL GUARD CHAIN OF COMMAND ☐ NAVY CHAIN OF COMMAND
- ☐ USMC CHAIN OF COMMAND ☐ COAST GUARD CHAIN OF COMMAND ☐ SPACE FORCE CHAIN OF COMMAND ☐ ARMY CID ☐ NCIS
- ☐ AFOSI ☐ CGIS ☐ NG OCI ☐ ARMY LAW ENFORCEMENT ☐ AIR FORCE LAW ENFORCEMENT ☐ NAVY LAW ENFORCEMENT
- ☐ MARINE CORPS LAW ENFORCEMENT ☐ COAST GUARD LAW ENFORCEMENT ☐ MEO ADVISOR/REPRESENTATIVE (ARMY)
- ☐ MEO ADVISOR/REPRESENTATIVE (AIR FORCE) ☐ MEO ADVISOR/REPRESENTATIVE (NAVY) ☐ MEO ADVISOR/REPRESENTATIVE (MARINES)
- ☐ MEO ADVISOR/REPRESENTATIVE (COAST GUARD) ☐ MEO ADVISOR/REPRESENTATIVE (NATIONAL GUARD) ☐ NON-DOD ENTITY

99. INVESTIGATIVE CASE NUMBER

100. DEFENSE CASE ACTIVITY TRACKING SYSTEM (IG) CASE NUMBER

101. DATE INVESTIGATIVE ACTIVITY OPENED (MM/DD/YYYY)

102. INVESTIGATIVE ACTIVITY COMPLETED? (X one)

- ☐ YES ☐ NO

103. DATE INVESTIGATIVE ACTIVITY COMPLETED (MM/DD/YYYY)

104. RESULTS OF THE INVESTIGATION PROVIDED TO RETALIATION REPORTER? (X one)

- ☐ YES, RESULTS PROVIDED TO THE REPORTER
- ☐ NO, RESULTS NOT PROVIDED TO THE REPORTER

105. IF NO, REASON (RESULTS OF THE INVESTIGATION NOT PROVIDED TO RETALIATION REPORTER) (X one)

- ☐ REPORTER SEPARATED FROM THE SERVICE ☐ REPORTER IS ABSENT WITHOUT LEAVE ☐ REPORTER DIED ☐ OTHER

106. IF NO, OTHER REASON (WHY RESULTS OF THE INVESTIGATION NOT PROVIDED TO RETALIATION REPORTER)

107. IS RETALIATOR KNOWN? (X one) ☐ YES ☐ NO

108. RETALIATOR TYPE (X one)

109. RETALIATOR NAME

a. LAST _____

b. FIRST _____

c. MIDDLE _____

- ☐ MILITARY ☐ DOD CIVILIAN ☐ DOD CONTRACTOR ☐ OTHER GOVERNMENT CIVILIAN

- ☐ U.S. CIVILIAN ☐ FOREIGN NATIONAL ☐ FOREIGN MILITARY ☐ UNKNOWN

110. IS DOD ID NUMBER AVAILABLE? (X one)

- ☐ YES ☐ NO

111. IF YES, RETALIATOR DOD IDENTIFICATION NUMBER

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

112. RETALIATOR GENDER (*X one*) ☐ MALE ☐ FEMALE

113. RETALIATOR AFFILIATION (*X one*)

☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ MARINE CORPS ☐ SPACE FORCE ☐ COAST GUARD ☐ DOD ☐ NOAA ☐ PUBLIC HEALTH ☐ N/A

114. RETALIATOR DUTY STATUS (*X one*)

☐ ACTIVE DUTY ☐ RESERVE ☐ NATIONAL GUARD (NG)

115. RETALIATOR DUTY ASSIGNMENT (*X one*)

☐ RECRUITER ☐ INSTRUCTOR ☐ DRILL SERGEANT ☐ DRILL INSTRUCTOR ☐ N/A

116. RETALIATOR NATIONAL GUARD SERVICE (*X one*)

☐ TITLE 10

☐ TITLE 32

117. RETALIATOR PAY GRADE AT TIME OF INCIDENT

118. RELATIONSHIP BETWEEN ALLEGED RETALIATOR(S) AND RETALIATION REPORTER (*X one*)

- ☐ ALLEGED RETALIATOR(S) IS A SUPERIOR IN THE CHAIN OF COMMAND OF THE REPORTER
- ☐ ALLEGED RETALIATOR(S) IS A SUPERIOR NOT IN THE CHAIN OF COMMAND OF THE REPORTER
- ☐ ALLEGED RETALIATOR(S) IS JUNIOR IN GRADE TO REPORTER (IN OR OUTSIDE OF THE CHAIN OF COMMAND)
- ☐ ALLEGED RETALIATOR(S) IS A PEER, CO-WORKER, FRIEND, OR FAMILY MEMBER OF THE RETALIATION REPORTER
- ☐ ALLEGED RETALIATOR(S) IS ASSOCIATED WITH ALLEGED PERPETRATOR OF SEXUAL ASSAULT
- ☐ ALLEGED RETALIATOR(S) IS A SERVICE PROVIDER OR OTHER OFFICIAL INVOLVED IN THE REPORT
- ☐ ALLEGED RETALIATOR(S) RELATIONSHIP IS UNKNOWN OR INVESTIGATION ONGOING
- ☐ ALLEGED RETALIATOR(S) IS THE ALLEGED PERPETRATOR OF SEXUAL ASSAULT

119. RELATIONSHIP BETWEEN ALLEGED RETALIATOR AND ALLEGED PERPETRATOR OF SEXUAL ASSAULT (*X one*)

- ☐ ALLEGED RETALIATOR(S) IS ALSO THE ALLEGED PERPETRATOR OF SEXUAL ASSAULT
- ☐ ALLEGED RETALIATOR(S) IS A SUPERIOR OF THE ALLEGED PERPETRATOR (IN OR OUTSIDE CHAIN OF COMMAND)
- ☐ ALLEGED RETALIATOR(S) IS JUNIOR IN GRADE TO THE ALLEGED PERPETRATOR (IN OR OUTSIDE CHAIN OF COMMAND)
- ☐ ALLEGED RETALIATOR(S) IS A PEER, CO-WORKER, FRIEND, OR FAMILY MEMBER OF THE ALLEGED PERPETRATOR
- ☐ ALLEGED RETALIATOR(S) AND ALLEGED PERPETRATOR HAVE NO DIRECT ASSOCIATION
- ☐ ALLEGED RETALIATOR(S) RELATIONSHIP IS UNKNOWN/INVESTIGATION ONGOING
- ☐ ALLEGED PERPETRATOR(S) RELATIONSHIP IS UNKNOWN/INVESTIGATION ONGOING

MILITARY PROTECTIVE ORDER**PRIVACY ACT STATEMENT**

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoDI 6400.06, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel; and E.O. 9397 (SSN), as amended.

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): Information may be disclosed to Departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of Family Advocacy Programs, medical care and research concerning child abuse and neglect, and spouse abuse; to the Attorney General of the United States or his authorized representatives in connection with litigation, or other matters under the direct jurisdiction of the Department of Justice; to law enforcement officials to protect the life and welfare of third parties; see each applicable Military Service system of records notice for a complete listing of routine uses: A0608-18 DASG, Army Family Advocacy Program Files, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570082/a0608-18-dasg/>; N01752-1, Family Advocacy Program System, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570332/n01752-1/>; F044 AF SG Q, Family Advocacy Program Record, <https://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/569871/f044-af-sg-q/>; and DMDC 01, Defense Manpower Data Center Data Base, <https://dpcl.d.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DMDC-01.pdf?ver=2019-04-18-091612-550>.

DISCLOSURE: Voluntary; however, failure to disclose/verify information will not delay either the issuance of the order or the enforceability of the order.

1a. DATE MPO ISSUED				1b. SELECT ONE: INITIAL MPO <input type="radio"/>		MODIFICATION TO EXISTING MPO <input type="radio"/>	
2. SUBJECT SERVICE MEMBER				a. MILITARY SERVICE:			
b. GRADE		c. LAST NAME		FIRST NAME		MI	d. GENDER
e. UNIT						f. INSTALLATION	
g. DOB (YYYYMMDD)		h. HEIGHT		i. WEIGHT		j. EYE COLOR	
						k. HAIR COLOR	
l. Race:		American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. EAS (YYYYMM)		n. OTHER DISTINGUISHING FEATURES (Scars, marks, tattoos, etc.)					
o. DRIVER'S LICENSE NUMBER		p. STATE OF ISSUANCE		q. VEHICLE INFORMATION (Plate Number/State/Make/Model/Year)			
r. PASSPORT NUMBER			s. SSN			t. OTHER ID	
3. PROTECTED PERSON (Omit any information from item 3 that, if known to the subject Service member in item 2, could endanger the protected person).							
a. GRADE/CIVILIAN		b. LAST NAME		FIRST NAME		MI	c. GENDER
d. DRIVER'S LICENSE NUMBER			e. STATE OF ISSUANCE			f. OTHER ID	
g. UNIT				h. INSTALLATION		i. DOB (YYYYMMDD)	
j. Race:		American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Other Pacific Islander	White
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

a. Civil protection order issued (<i>Date</i>)	Court, _____, in _____	County, _____	
State of _____			
b. Civil protection order issued (<i>Date</i>)	Court, _____, in _____		Property Settlement <input type="checkbox"/>
County, State of _____			
c. Civil protection order issued (<i>Date</i>)	Court, _____, in _____		Custody and/or Visitation <input type="checkbox"/>
County, State of _____			
d. Civil protection order issued (<i>Date</i>)	Court, _____, in _____		Restriction on Firearms Possession <input type="checkbox"/>
County, State of _____			

5. INFORMATION SUPPORTING ISSUANCE OF THIS MILITARY PROTECTIVE ORDER

6.a. IS THIS MILITARY PROTECTIVE ORDER BEING ISSUED FOR AN ALLEGATION OF ONE OR MORE OF THE FOLLOWING REASONS? (*If Yes, please indicate which below. If No, use "Other" below to indicate reason.*)

☐ YES

☐ NO

6.b. <input type="checkbox"/> DOMESTIC VIOLENCE	<input type="checkbox"/> DATING VIOLENCE <input type="checkbox"/> CHILD ENDANGERMENT	<input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> OTHER
---	---	---

7. As a Commanding Officer with jurisdiction over the above-named Service member, I find that there is sufficient reason to conclude the issuance of a protective order is warranted in the best interest of good order and discipline. It is hereby ordered that (*place initials in the appropriate portions*):

INITIALS	a. The above-named Service member is restrained from assaulting, threatening, abusing, harassing, following, interfering with, or stalking the protected person and/or the additional listed protected parties.																								
INITIALS	b. 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, in writing by letter, data fax, electronic mail or via the internet or social media. 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. c. The above-named Service member shall remain at all times and places at least _____ feet away from the above-named protected person and additional protected person's family or household including, but not limited to, residences and workplaces. Additional protected persons includes the following individuals:																								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">NAME</th> <th style="width: 15%;">DOB (Date of Birth) (YYYYMMDD)</th> <th style="width: 15%;">GENDER</th> <th style="width: 30%;">RACE</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>RACE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>RACE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>RACE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>RACE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>RACE</td> </tr> </tbody> </table>	NAME	DOB (Date of Birth) (YYYYMMDD)	GENDER	RACE				RACE				RACE				RACE				RACE				RACE
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			RACE																						
INITIALS	d. The above-named Service member will vacate the military residence shared by the parties located at:																								
INITIALS	e. Until further notified, the above-named Service member will be provided temporary military quarters at:																								

Maintain in accordance with appropriate Service retention schedule.

INITIALS	f. The Service member has visitation or custody rights of the child or children named:	
INITIALS	g. The protected person has temporary exclusive custody of the child or children named:	
INITIALS	h. The above-named Service member will attend the following counseling:	
INITIALS	i. The above-named Service member will surrender his/her government weapons custody card at the time of issuance of this order.	
INITIALS	j. 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.	
INITIALS	k. The above named individual will comply with any applicable law requiring him or her to dispose of his or her and privately owned firearms and ammunition and provide information that this order has been carried out.	
INITIALS	l. Exceptions to this order will be granted only after an advance request is made to me and approved by me.	
INITIALS	m. Other specific provisions of this order:	
8. DATE OF REVIEW (Upon review, the order may be modified or terminated)		9. MILITARY POLICE REPORT/ORIGINATING AGENCY CASE #
10. NATIONAL CRIME INFORMATION CENTER (NCIC) PROTECTIVE ORDER FILE (POF)		
a. ORI	b. NCIC#	c. DATE PLACED IN NCIC
11. DURATION: This is a NON-EXPIRING ORDER The terms of this order shall be effective until modified or rescinded in writing by me. ENFORCEABILITY: Violation of this order shall constitute a violation of Article 90 of the Uniform Code of Military Justice.		
a. COMMANDING OFFICER'S SIGNATURE		b. DATE (YYYYMMDD)
12. I hereby acknowledge receipt of a copy of this order with such redactions as are appropriate and attest that I understand the terms and conditions it imposes on me.		
a. SERVICE MEMBER'S SIGNATURE	b. DATE (YYYYMMDD)	c. TIME ORDER SERVED
DISTRIBUTION: Service member Protected person (custodial parent of protected child) Service member's local personnel file Installation Law Enforcement for entry in the National Crime Information Center (NCIC)		

INSTRUCTIONS

Complete as follows: Sections 1-8 and 11 are to be completed by the subject Service member's commanding officer. Section 12 is to be completed by the subject Service member and Sections 9 & 10 are to be completed by law enforcement.

Note: Appropriate redaction should be used with the protected person's information before a copy of this form is provided to the Service member subject. The Service member subject should NOT be given the protected person's social security number.

Section 1: Issuance or Modification of Order

1a-b. Self-explanatory.

Section 2: Service Member Data

2a-l. Self-explanatory.

2m. Provide EAS (End of Active Service) date.

2n. Self-explanatory.

2o-t. Provide information of an acceptable form of government identification, to include:

driver's license, state ID card, passport or naturalization number. The social security number is required when the Service Member does not have other acceptable identification.

Section 3: Protected Person

3a-c. Self-explanatory. (Omit any information from this section that, if known to the subject Service member, could endanger the protected person.)

3d-f. Driver's license, state ID card, passport or naturalization number are acceptable forms of identification.

3g-j. Self-explanatory.

Section 4: Protected Person Court Orders

4a-d. Provide information of current civil orders.

Section 5: Information Supporting Issuance of Military Protective Order

Avoid identifying anonymous sources and victim information that might endanger protected person, if known to the subject Service member.

Section 6: Reasons For Issuance of Order

6a. Self-explanatory.

6b. Check each applicable box that correlates with comments in item #5.

Section 7: MPO Orders

7a-m. Initial each applicable order and/or requirement.

Section 8: Date of Review

Self-explanatory.

Section 9: Military Report Number

Self-explanatory.

Section 10: National Crime Information Center (NCIC) Protective Order File (POF)

10a. Originating Agency Identifier (ORI) - Self-explanatory.

10b. National Crime Information Center (NCIC) - Self-explanatory.

10c. Self-explanatory.

Section 11: Commanding Officer's Signature

a-b. Self-explanatory.

Section 12: Service Member's Signature

a-c. Self-explanatory.

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	

SEXUAL HARASSMENT COMPLAINT

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

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 1561, Complaints of Sexual Harassment; Army Regulation 600-20, Army Command Policy; and E.O. 9397 SSN (as amended).

PRINCIPAL PURPOSE(S): To provide a means for filing a sexual harassment complaint. For additional information see the System of Records Notice A0600-20 DCS G-1, Sexual Assault (SADMS) and Sexual Harassment (SHARP) Program Records. <https://dpcl.d.defense.gov/Privacy/SORNs/Index/DOD-wide-SORN-Article-View/Article/570042/a0600-20-dcs-g-1.aspx>.

ROUTINE USES: There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system or records notice(s) specified in the purpose statement above.

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

PART I: COMPLAINT INTAKE

1. Complaint Type:

☐ ANONYMOUS

Date Received:

Method of Receipt:

☐ FORMAL

Date Received:

Anonymous Complaints:

When the BDE commander determines an anonymous complaint will be processed as a formal complaint, the servicing SARC will complete this form with available complaint information, ensuring no complainant personally identifying information (PII) is collected or recorded. When the receiving BDE commander determines an anonymous complaint does not contain sufficient information to conduct an inquiry/investigation, the complaint details and BDE commander determination will be documented in a Memorandum for Record signed by the BDE commander and maintained by the full-time SARC.

2. ICRS Case Number:

3. Date entered into ICRS:

4. SARC:

a. Name:

b. E-mail:

c. UIC:

d. Grade:

5. Subject:

☐ For additional subject(s) list on attached sheet of paper.

a. Name:

b. DOB:

c. Sex:

☐ Male

☐ Female

d. SSN (last four)/DOD ID:

e. Pay Grade:

f. Component:

g. Service:

h. UIC:

i. Personnel Category:

6. Complainant's BDE Commander:

a. Name:

b. Date Notified:

c. E-mail:

d. UIC:

e. Grade:

f. Date Counseled on Retaliation/Reprisal:

g. Signature:

7. Subject's BDE Commander (If different):

a. Name:

b. Date Notified:

c. E-mail:

d. UIC:

e. Grade:

f. Date Subject Counseled on Retaliation/Reprisal:

g. Signature:

PART II: COMPLAINT DETAILS

8a. Relationship of Subject to Complainant:

☐ Coworker/Peer

☐ Superior

☐ Subordinate

☐ Friend/Acquaintance

b. In Same Unit?:

☐ Yes

☐ No

c. In Complainant's Chain of Command?:

☐ Yes

☐ No

9a. Details:

☐ Single Incident

☐ Multiple Incidents

☐ Ongoing

b. Incident Date (or Date Range):

to

10. Location:

☐ On Military Installation

☐ Off Military Installation

☐ On Military Academy Grounds

☐ Unknown

11. Duty Status at time of Incident(s):

Complainant:

☐ On

☐ Off

Subject: ☐ On ☐ Off

12. Complainant Status:

Deployed OCONUS:

☐ Yes

On Leave:

☐ Yes

TDY/Training:

☐ Yes

☐ No

☐ No

☐ No

13. Subject Status:

Deployed OCONUS:

☐ Yes

On Leave:

☐ Yes

TDY/Training:

☐ Yes

☐ Unknown

☐ No

☐ No

☐ No

14. Was the subject in a supervisor or leader position?

☐ Yes

☐ No

If Yes:

☐ Drill Sergeant

☐ Instructor

☐ NCO

☐ Civilian

☐ Commander

☐ Officer

☐ Sensitive Position

☐ Supervisor

15. Has the Subject received prior disciplinary action for sexual harassment?

☐ Yes

☐ No

☐ Unknown

16. Complainant:*

a. Name:

b. DOB:

c. Sex:

☐

Male

☐

Female

d. SSN (last four)/DOD ID):

e. Pay Grade:

f. Component:

g. Service:

h. UIC:

*If Anonymous, Only enter BDE Commander's Name, Pay Grade, and UIC.

17. Nature of Complaint:

☐

If more space is needed, check box and attach additional document.

Give, in as much detail as possible, the narrative of your complaint. Describe the specific behavior(s) as well as the date(s) of the event(s), any witnesses, and to whom it may have been previously reported. Please provide any additional information that would be helpful in investigating and resolving your complaint.

18. Requested Remedy:

☐

If more space is needed, check box and attach additional document.

AFFIDAVIT

I, _____ have read or have had read to me this statement which begins on this page 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 this statement without threat of punishment and without coercion, unlawful influence, or unlawful inducements.

(Complainant Signature)

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

_____ day of _____, _____ at _____.

(Signature of Officer Administering Oath)

(Typed/Printed Name of Officer Administering Oath)

*To ensure complainant confidentiality, Swearing Officer is not required to read the Nature of Complaint.

PART III: COMPLAINT PROCESSING

☐

Additional Command Notification and Complainant Update documentation is attached.

19. GCMCA:

a. Name:

b. Date Notified:

c. E-mail:

d. UIC:

e. Grade:

20. Method of Investigation:

☐

Commander Inquiry

☐

15-6 Investigation

a. Date of Initiation:

b. Date of Completion:

21. Date Complainant Notified of:

a. Investigation Initiation:

b. Update 1:

c. Update 2:

d. Primary Update POC:

22. Date Subject Notified of:

a. Investigation Initiation:

b. Update 1:

c. Update 2:

d. Primary Update POC:

e. Disposition:

PART IV: RESULT OF INVESTIGATION

☐ Final 15-6 Investigation Report Attached

☐ Commander Inquiry Report/Findings Attached

Legal Review:

a. Servicing Legal Officer:

b. Date of Review:

23. BDE Commander's Determination:

I, _____ have reviewed the report of investigation into your report of sexual harassment.

I ☐ concur ☐ nonconcur with the findings of the investigating officer. I find that your report of sexual harassment is:

☐ substantiated ☐ unsubstantiated. The reasons for my decision are documented in the attached memo.

(Signature of BDE Commander)

(Date)

Date GCMCA Received Investigation Report:

PART V: ACTIONS TO RESOLVE COMPLAINT

☐ Memo listing the actions the command has taken or will take to resolve this complaint and continue to prevent retaliation and reprisal is attached.

ADVISEMENT TO COMPLAINANT: You have the right to appeal these actions to resolve your complaint. You will have 7 calendar 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, I will refer your appeal to the appellate authority, who will review your case and provide you feedback when that review is completed.

(Signature of BDE Commander)

(Date)

(Signature of Complainant)

(Date)

PART VI: APPEAL

24. I elect to appeal the resolution of my complaint for the following reasons:

(Signature of Complainant)

(Date)

☐ Additional documentation is attached

25. I have reviewed the complaint file, the investigation findings, and other information regarding this case. My findings are:

(Signature of Appellate Authority)

(Date)

☐ Additional documentation is attached

26. I acknowledge being counseled concerning the outcome of this appeal.

(Signature of Complainant)

(Date)

Your Rights As A Victim

In addition to your right to assistance from a Special Victims' 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.

Special Victims' Counsel

MAJ Tiana Z. Santana Ufary, JA
Deputy USAR SVC Program Manager,
Operations and Management
USAR Legal Command
8791 Snouffer School Road
Gaithersburg, MD 20879-1624
Govt iPhone: 571-216-6937
Email: tiana.z.santanaufary.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>.

For new SVC case assignment or initial case intake, contact **only** MAJ Santana Ufary.

Special Victims' Counsel Program



INFORMATION FOR VICTIMS OF SEX ASSAULT

**24/7 HOTLINE
866-345-8248**

What is a Special Victims' 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 will help you through this process.

Special Victims' 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

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.	11/13/2019

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:** All 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; Installation SHARP Office; and the SHARP Program Manager (USARC, IMCOM, MEDCOM, Etc.).



DEPARTMENT OF DEFENSE
**SEXUAL ASSAULT PREVENTION
AND RESPONSE OFFICE**



SAFETY ASSESSMENT TOOL

NOVEMBER 2, 2015

Purpose:

This tool may be used to assist first-responders when deciding whether a sexual assault survivor is likely to be in imminent danger (i.e., high risk of harm) of serious physical and mental harm that requires rapid and assertive action intervention from law enforcement officials and healthcare providers. In addition, the tool may be used to decide what interventions should be available to provide safety planning and protection. After the determination and prediction of risk, the survivor should be periodically checked for warning signs of suicide, self-harm/abuse or harming others.

Instructions:

Use this tool for safety risks and ongoing checking of sexual assault survivors (See A). Explain the purpose of the assessment to survivors. **Carefully read each item and the concluding statement to the survivor and ensure that all written responses are clear and readable.** Tell survivors that their responses are voluntary and confidential.

Ask the questions below	References	Discussion Points
1. Have you contacted police/law enforcement because the accused physically threatened, maltreated, or harassed you? Has the accused ever threatened you with a weapon? Has the accused ever stalked you? Have you contacted an emergency hotline for advice? Have you contacted a friend after the sexual assault event? Has a friend/family member reported their concern about the accused's threatening behavior? Have you ever protected yourself from the accused? Have you ever contacted neighbors for protection? Does the accused have a criminal record? Does the accused frequently abuse alcohol or drugs?	See A, B, H	If the victim responds positively to these questions, have the victim call 911, crisis hotline, local emergency number, or an intervention staff member.
2. Do you have thoughts of harming yourself or someone else?	See G, H	
3. Have you been physically examined by medical staff? Did you sustain a serious injury during the sexual assault event? Are you currently under medical care?		(Women only) Do you have a pregnancy concern? Do you have a sexually transmitted disease concern?

Sexual Assault Prevention and Response Office

4. Do you feel safe in the barracks/quarters/at home/work?	See B, E, F	If No, why don't you feel safe?
5. Do you feel at risk of being harmed by the accused after talking about the sexual assault event? Has the accused been acting erratically? Has the accused stalked you? Is the accused violent? Does the accused have a criminal background? Is the accused suicidal? Is the accused a flight risk?	See B	Do you feel at risk of being harmed by the accused's coworker(s)? Do you feel at risk of being harmed by the accused's friend(s) or family? Have they threatened or intimidated you?
6. Have you contacted the command or law enforcement?	See B	
7. Is the accused in your chain of command?	See C, D	
8. Do you come in contact with the accused?	See C, D	Do you come into contact with the accused's coworker(s)?
9. Have you ever had a relationship/friendship with the accused? Has the accused ever had a relationship with your family members (i.e., spouse, dependents)? Have you ever lived with the accused? Do you have children with the accused?		
10. Does the accused know where you live, work, or spend time regularly?	See E, F	
11. Has the accused contacted you since the sexual assault event (e.g., face-to-face, telephone, text)?	See C	
12. Has the accused contacted you using social media? Or posted information about you?	See C, D	Has the accused's coworker(s) contacted you by social media? Have the accused's friend(s) or family contacted you by social media?
13. Has the accused threatened you directly or in other ways (e.g., threatened to tell other people or the command, threatened to damage your property, or harm your family, friends, pets)?	See C	
14. Do you have a system of checking-in with a trusted friend or family member before and after leaving your barracks/quarters/home/work?	See E, F	
15. Does your leadership know about the sexual assault?	See B	
16. Do you trust your command leadership?	See B	

Sexual Assault Prevention and Response Office

17. Have you experienced any negative responses from the command since reporting the sexual assault?	See B	
18. Do you feel excluded by leadership or peers from command activities?		
19. Do you have a civilian or military protective order?		Has the accused violated the protective order?
Ask the questions below only if you have reasonable grounds to believe that the <i>alleged offender</i> is at risk for suicide or causing harm to the survivor or others.		
20. Does the alleged offender have access to a weapon(s)?		<ul style="list-style-type: none"> • What type of weapon(s)? • Where is the weapon(s) located?
Ask the questions below only if you have reasonable grounds to believe that the <i>survivor</i> is at risk for suicide or causing harm to others.		
21. Do you have access to a weapon(s)?		<ul style="list-style-type: none"> • What type of weapon(s)? • Where is the weapon(s) located?

Concluding Statement:

Thank you for your cooperation. You may discuss the results of this assessment and what effect they have on your case with your Sexual Assault Response Coordinator (SARC), SAPR Victim Advocate (VA), or counselor.

Date/Time/Location:

Sexual Assault Safety Plan Worksheet

Directions: Complete all sections of this safety plan worksheet. Keep a paper copy of this document and other important documents in a safe and secure place.

1. Who can help me and where can I go in case of an emergency?

The following are the names and contact information of people and places I can trust and can contact when I need social support or in the event of an emergency.

SARC/SAPR VA	
Family	
Friends/Neighbors	
SVC/VLC	
Command	
911/Military Police	
Domestic Violence Hotline	
IG	

2. What to do if I encounter the accused perpetrator?

I will say the following	
I will do this to get away	
If I am at work, I will	
If I am driving, I will	
If I am walking/running/exercising, I will	

3. How can I stay safe when I go out (Public Safety)?

I will not go there because the accused perpetrator frequents this place	
I will avoid unplanned interactions with the accused perpetrator by	
I will let this trusted person know when I arrive at places	
I will carry a defensive device (e.g., horn, whistle, etc, as permitted)	

4. How can I keep safe in my home (Barracks/Quarters/Home Safety)?

I will make these changes to my home to become safer (e.g. , lock room door, ensure locks are in good working order)	
I trust this neighbor and can contact this individual when I need social support or in the event of an emergency	(Name, Phone Number, & Address)

5. How can I keep safe at work/school (Work/School Safety)?

This friend/security escort is available to me to/from my vehicle/public transportation when I am at work/school	(Name, Phone Number, & Address)
I will make these modifications to ensure my workspace is a secure location (e.g., discuss with leadership, security office):	
I will make these adjustments to my work/school schedule to improve my safety (e.g., discuss with leadership schedule changes; change course times):	

6. What to do if I began to experience negative emotions/feelings about the event?

If I begin to re-experience the assault, I will	
If I have thoughts of harming myself, I will	
If I have thoughts of harming others, I will	

