

**DEPARTMENT OF THE ARMY**

**{YOUR BATTALION}**

**{YOUR BRIGADE}**

**{FORT, STATE ZIP}**

**{YOUR OFFICE SYMBOL}**

**DATE**

MEMORANDUM FOR: Commander, U S Army Human Resources Command (AHRC-OPL-R), 1600 Spearhead Division Avenue, Fort Knox, Kentucky 40122

SUBJECT: Victim of Sexual Assault Statement for Administrative Separation

1. DOD Instruction 6495.02, AR 600-20, Chapter 8, and Sexual Assault Prevention and Response Program procedures require Soldiers being administratively separated to sign a statement answering the following questions:

a. Did you file an unrestricted report of a sexual assault in which you were a victim within the past 24 months YES\_\_\_\_\_ NO\_\_\_\_\_.

b. If the answer to (a.) above is YES, do you believe that this separation action is a direct or indirect result of your sexual assault, or your reporting of the sexual assault?  
N/A.

2. The point of contact for this action is the undersigned at commercial (xxx)xxx-xxxx.

**{YOUR NAME}**

**{RANK, BRANCH}**

**{CURRENT JOB TITLE}**