

**DEPARTMENT OF DEFENSE
SEXUAL ASSAULT PREVENTION AND RESPONSE OFFICE (SAPRO)
REQUEST FOR SAPRO'S ASSISTANCE**

OMB No.
OMB approval expires

The public reporting burden for this collection of information is estimated to average 30 minutes 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, Executive Services Directorate, Directives Division, 4800 Mark Center Drive, East Tower, Suite 03F09, Alexandria, VA 22350-3100 (XXXX-XXXX). 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 RETURN YOUR FORM TO THE ABOVE ADDRESS. Return form to Department of Defense, Sexual Assault Prevention and Response Office, 4800 Mark Center Drive, Suite 07G21, Alexandria, VA 22350-8000 or by email at whs.mc-alex.wso.mbx.SAPRO@mail.mil.

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 1561 note, Improved Sexual Assault Prevention and Response in the Armed Forces; DoD Directive 6495.01, Sexual Assault Prevention and Response (SAPR) Program; DoD Instruction 6495.02, Sexual Assault Prevention and Response (SAPR) Program Procedures.

PRINCIPAL PURPOSE(S): To track victim-related inquiries received by the Sexual Assault Prevention and Response Office (SAPRO) via e-mail, SAPR.mil, the DoD Safe Helpline, phone, or postal service. Once received, inquiries are referred to the appropriate agency POC and/or to the DoD IG in order to address the issue(s) raised and facilitate a resolution. This form does not constitute a report of a sexual assault.

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Congressional Inquiries Disclosure Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, and Data Breach Remediation Purposes Routine Use. The complete list of DoD Blanket Routine Uses can be found online at <http://dpcl.d.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx>. The applicable system of Records Notices is **DHRA XX**, DoD Sexual Assault Prevention and Response Office Victim Assistance Data Systems at: <http://dpcl.d.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/OSDJS-Article-List/>

DISCLOSURE: The completion of this form is voluntary. However, failure to provide information may result in the inability to provide requested services.

SECTION I - INQUIRER TO USE

1. DATE (YYYYMMDD)		2. WOULD YOU LIKE DOD SAPRO TO FOLLOW UP WITH YOU?			
		<input type="checkbox"/> YES		<input type="checkbox"/> NO	
3. NAME: FIRST			LAST:		4. RELATIONSHIP TO VICTIM/SURVIVOR
5. PREFER FOLLOW-UP BY:		<input type="checkbox"/> E-MAIL	<input type="checkbox"/> TELEPHONE	<input type="checkbox"/> EITHER	
a. E-MAIL ADDRESS			b. TELEPHONE NUMBER (Include Area Code)		c. OK to leave message?
					<input type="checkbox"/> YES <input type="checkbox"/> NO
d. BEST TIME TO FOLLOW UP:					
<input type="checkbox"/> N/A		<input type="checkbox"/> During working hours		<input type="checkbox"/> After working hours	
		Between: _____ and _____		EST	
6. VICTIM/SURVIVOR INFORMATION					
a. NAME (If different from above): FIRST			LAST:		
b. SERVICE AFFILIATION			c. SERVICE STATUS		d. RANK
<input type="checkbox"/> Air Force	<input type="checkbox"/> Air National Guard	<input type="checkbox"/> Active Duty	<input type="checkbox"/> Reserve	<input type="checkbox"/> Discharged	
<input type="checkbox"/> Army	<input type="checkbox"/> Army National Guard	<input type="checkbox"/> Retired	<input type="checkbox"/> Dependent		
<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy	<input type="checkbox"/> Other:			
7. INCIDENT INFORMATION					
a. DATE OF INCIDENT (YYYYMMDD)		b. WAS IT REPORTED?		c. YEAR REPORTED	
		<input type="checkbox"/> NO <input type="checkbox"/> YES			
8. INQUIRY RELATED TO PROVIDING INFORMATION ABOUT:					
a. CATEGORY (You may choose more than one.)					
<input type="checkbox"/> General Complaint	<input type="checkbox"/> Feedback of SAPR Personnel or Program	<input type="checkbox"/> General Information Request	<input type="checkbox"/> Raising a Policy Issue		
<input type="checkbox"/> Request for Referral to Service	<input type="checkbox"/> Regarding Retaliation	<input type="checkbox"/> Information of Sexual Assault	<input type="checkbox"/> Regarding Misconduct		
b. COMMENTS					
9. DO YOU GIVE SAPRO PERMISSION TO FORWARD THIS FORM TO THE APPROPRIATE SERVICE OR AGENCY FOR FURTHER ACTION IF DEEMED NECESSARY?					
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> I would like to talk to someone first.			

SECTION II - RESPONSE

(For SAPRO, Safe Helpline, Service and/or Agency use only)

10. NAME OF STAFF RESPONDING TO INQUIRY

11. HOW WAS INQUIRY RECEIVED?

Safe Helpline Telephone Call SAPRO Website E-mail Letter Other: _____

12. SUMMARY OF INQUIRY

Needs DD67

13.a. INQUIRER REFERRED TO

b. DATE (YYYYMMDD)

14. INQUIRY REFERRAL

(1) REFERRED FROM: a. TO AGENCY/SERVICE

b. POINT OF CONTACT

c. DATE (YYYYMMDD)

d. SUSPENSE DATE (YYYYMMDD)

e. FOLLOWED UP WITH SAPRO AND/OR INQUIRER?

YES

NO

N/A

(2) REFERRED FROM: a. TO AGENCY/SERVICE

b. POINT OF CONTACT

c. DATE (YYYYMMDD)

d. SUSPENSE DATE (YYYYMMDD)

e. FOLLOWED UP WITH SAPRO AND/OR INQUIRER?

YES

NO

N/A

(3) REFERRED FROM: a. TO AGENCY/SERVICE

b. POINT OF CONTACT

c. DATE (YYYYMMDD)

d. SUSPENSE DATE (YYYYMMDD)

e. FOLLOWED UP WITH SAPRO AND/OR INQUIRER?

YES

NO

N/A

15. COMMENTS

16. RESOLUTION