

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

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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://dpclid.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 decline 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) <input type="checkbox"/> YES <input type="checkbox"/> NO	d. MPO ISSUE DATE (MM/DD/YYYY)	e. MPO VIOLATED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	f. IF YES, BY WHOM? (X one) <input type="checkbox"/> VICTIM <input type="checkbox"/> SUBJECT <input type="checkbox"/> BOTH
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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) <input type="checkbox"/> YES <input type="checkbox"/> NO	g. VICTIM REQUESTED REVIEW FOR EXPEDITED TRANSFER? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO	h. SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER? (X one) <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE
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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) <input type="checkbox"/> MEDICAL <input type="checkbox"/> MENTAL HEALTH <input type="checkbox"/> LEGAL <input type="checkbox"/> CHAPLAIN/SPIRITUAL SUPPORT <input type="checkbox"/> VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE <input type="checkbox"/> DOD SAFE HELPLINE <input type="checkbox"/> RAPE CRISIS CENTER <input type="checkbox"/> OTHER (Specify)	c. DATE OF REFERRAL (MM/DD/YYYY)
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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.*)

NEEDS DD67

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: (2) DATE OF EXAM (MM/DD/YYYY) **c. IF NO, WAS IT BECAUSE SAFE KIT AND/OR OTHER NEEDED SUPPLIES NOT AVAILABLE?** YES
 ON INSTALLATION OFF INSTALLATION 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

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44. DATE INVESTIGATIVE ACTIVITY OPENED (MM/DD/YYYY)	45. INVESTIGATIVE ACTIVITY COMPLETED <i>(X and complete as applicable)</i> <input type="checkbox"/> YES IF YES, DATE INVESTIGATIVE ACTIVITY COMPLETED (MM/DD/YYYY) <input type="checkbox"/> NO
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SECTION VII - INVESTIGATIVE AGENCY CASE TRANSFER *(If applicable)*

46. INVESTIGATIVE AGENCY CASE TRANSFERRED <i>(X one)</i> <input type="checkbox"/> ACROSS SERVICES <input type="checkbox"/> WITHIN SERVICES <input type="checkbox"/> TO NON-MILITARY JURISDICTION	47. ASSOCIATED INVESTIGATIVE CASE NUMBER <i>(See format instructions above)</i>
48. INVESTIGATIVE AGENCY CASE TRANSFER DATE (MM/DD/YYYY)	49. AGENCY CONDUCTING INVESTIGATION <i>(X one)</i> <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)*

MILITARY - CADET/MIDSHIPMAN/PREP SCHOOL STUDENT MILITARY - NON CADET/MIDSHIPMAN/PREP SCHOOL STUDENT DOD CIVILIAN
 OTHER GOVT. CIVILIAN U.S. CIVILIAN FOREIGN NATIONAL FOREIGN MILITARY DOD CONTRACTOR UNKNOWN

UNRESTRICTED REPORT:

52. SUBJECT NAME: a. LAST b. FIRST c. MIDDLE

53. ID TYPE <i>(X one)</i> <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 <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN
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57. ETHNICITY <i>(X one)</i> <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> NOT HISPANIC OR LATINO <input type="checkbox"/> UNKNOWN	58. RACE <i>(X one)</i> <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 <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
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60. SUBJECT TYPE *(X one)*

MILITARY DOD CIVILIAN OTHER GOVERNMENT CIVILIAN U.S. CIVILIAN
 FOREIGN NATIONAL FOREIGN MILITARY DOD CONTRACTOR UNKNOWN

61. SERVICE AFFILIATION *(X one)*

ARMY NAVY AIR FORCE MARINE CORPS SPACE FORCE COAST GUARD DOD NOAA PUBLIC HEALTH UNKNOWN

62.a. DUTY STATUS *(X one if applicable)*

ACTIVE DUTY NATIONAL GUARD (NG) RESERVE UNKNOWN

b. IF SUBJECT DUTY STATUS IS NG:

(1) SUBJECT NATIONAL GUARD SERVICE <i>(X one)</i> <input type="checkbox"/> TITLE 10 <input type="checkbox"/> TITLE 32	(2) SUBJECT NG STATE AFFILIATION <i>(X one)</i> <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
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(3) SUBJECT NG TITLE 10 CATEGORY *(X one)* ACTIVE GUARD AND RESERVE (AGR) ACTIVE DUTY OPERATIONAL SUPPORT (ADOS)

ANNUAL TRAINING (AT) ACTIVE DUTY ARMED SERVICES BASIC TRAINING TECHNICAL/ADVANCED INDIVIDUAL TRAINING (AIT)
 MOBILIZED OCONUS MOBILIZED CONUS PROFESSIONAL MILITARY EDUCATION (PME) RESERVISTS

(4) SUBJECT NG TITLE 32 CATEGORY *(X one)* ACTIVE GUARD AND RESERVE (AGR) ANNUAL TRAINING (AT) INACTIVE DUTY TRAINING (IDT)

ACTIVE DUTY OPERATIONAL SUPPORT (ADOS) PROFESSIONAL MILITARY EDUCATION (PME) RECRUIT SUSTAINMENT PROGRAM/STUDENT FLIGHT
 ROTC STATE ACTIVE DUTY (SAD) NOT IN DUTY STATUS TECHNICIAN DUAL STATUS TECHNICIAN NON DUAL STATUS

(5) NG SUBJECT RECRUIT/TRAINING STATUS *(X one)*

NG PRE-ACCESSION RECRUIT SUSTAINMENT PROGRAM (RSP) PRE-RECRUIT GENERAL EDUCATION DEVELOPMENT (GED) PROGRAM N/A

c. IF SUBJECT IS MILITARY/CIVILIAN, PAY GRADE	d. SUBJECT DUTY ASSIGNMENT <i>(X one)</i> <input type="checkbox"/> RECRUITER <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> DRILL SERGEANT <input type="checkbox"/> DRILL INSTRUCTOR <input type="checkbox"/> N/A
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e. IF SUBJECT IS DOD CIVILIAN/OTHER GOVERNMENT CIVILIAN: PAY PLAN *(X one)*

GS WG NAF SES OTHER UNKNOWN

f. SUBJECT ASSIGNED LOCATION	g. SUBJECT ASSIGNED UNIT NAME	h. SUBJECT ASSIGNED UIC
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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

92. OTHER ACTIONS TAKEN TO SUPPORT REPORTER OF RETALIATION

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

- | | |
|--|---|
| <input type="checkbox"/> ALLEGATIONS UNSUBSTANTIATED BASED ON ADMINISTRATIVE INVESTIGATIONS | <input type="checkbox"/> REPORTER LEFT SERVICE |
| <input type="checkbox"/> ALLEGATIONS UNFOUNDED BASED ON CRIMINAL INVESTIGATIONS ONLY, PER DODI 5505.18 | <input type="checkbox"/> REPORTER DID NOT WANT ANY ACTION TAKEN |
| <input type="checkbox"/> NO OFFICIAL COMPLAINT/COMPLAINT WITHDRAWN | <input type="checkbox"/> REPORTER DIED/DESERTED |
| <input type="checkbox"/> COMMAND DECLINED ACTION | <input type="checkbox"/> 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

