DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

OMB No. 0704-0482
OMB approval expires March 31, 2025

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://dpcld.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)*

☐ RESTRICTED

☐ 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	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)*

☐ OPEN ☐ CLOSED ☐ OPEN WITH LIMITED INFORMATION

b. EXPLANATION FOR OPEN WITH LIMITED INFORMATION STATUS *(If applicable)*

☐ VICTIM REFUSED/DECLINED SERVICES
☐ VICTIM OPT-OUT OF PARTICIPATING IN INVESTIGATIVE PROCESS
☐ LOCAL JURISDICTION REFUSED TO PROVIDE VICTIM INFORMATION
☐ CIVILIAN VICTIM WITH MILITARY SUBJECT
☐ CIVILIAN VICTIM WITH CIVILIAN SUBJECT
☐ FAMILY ADVOCACY PROGRAM
☐ INDEPENDENT INVESTIGATION OR THIRD PARTY REPORT
☐ INFORMATIONAL/I-TITLE FILE

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7. RESTRICTED REPORT REASON *(X as applicable)*

- ☐ DESIRE TO AVOID RETELLING STORY
- ☐ THOUGHT THE MATTER WAS NOT IMPORTANT ENOUGH TO REPORT TO LAW ENFORCEMENT
- ☐ FEARED SOME KIND OF RETALIATION FROM OFFENDER OR THE OFFENDER'S FRIENDS
- ☐ THOUGHT HE/SHE WOULD BE BLAMED/LABELED AS A TROUBLEMAKER
- ☐ FEARED HE/SHE OR FRIENDS WOULD BE PUNISHED FOR A COLLATERAL OFFENSE, SUCH AS UNDERAGE DRINKING OR CURFEW VIOLATION
- ☐ FEARED BEING THE TARGET OF GOSSIP OR HAVING REPUTATION DAMAGED IN THE EYES OF COMMANDER OR UNIT MEMBERS
- ☐ THOUGHT HE/SHE WOULD NOT BE BELIEVED
- ☐ WAS CONCERNED REPORTING WOULD PREVENT FINISHING TRAINING OR OPERATIONAL MISSION
- ☐ WAS CONCERNED REPORTING WOULD DELAY RETURNING HOME FROM DEPLOYMENT
- ☐ WAS CONCERNED THAT REPORTING WOULD RESULT IN BEING SENT HOME FROM A DEPLOYMENT EARLY
- ☐ WAS CONCERNED REPORTING WOULD IMPACT SECURITY CLEARANCE
- ☐ WAS CONCERNED REPORTING WOULD NEGATIVELY IMPACT CAREER
- ☐ DID NOT WANT TO HURT ALLEGED OFFENDER'S CAREER
- ☐ DID NOT WANT LAW ENFORCEMENT INVOLVEMENT
- ☐ DID NOT WANT TO ENGAGE MILITARY JUSTICE SYSTEM
- ☐ DECLINED TO SPECIFY REASON
- ☐ OTHER

8. DATE OF REPORT TO DOD *(MM/DD/YYYY)*

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)*

☐ EMPLOYER	☐ EMPLOYEE	☐ COWORKER	☐ SUPERVISOR/COMMAND
☐ RECRUITER	☐ NEIGHBOR	☐ FRIEND	☐ ACQUAINTANCE
☐ STRANGER	☐ INTIMATE PARTNER/DATING	☐ SIBLING	☐ SPOUSE
☐ FORMER SPOUSE	☐ ADULT CHILD	☐ PARENT	☐ EXTENDED FAMILY MEMBER
☐ RELATIONSHIP UNKNOWN	☐ OTHERWISE KNOWN		

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. SEX** *(X one)* ☐ MALE ☐ FEMALE

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21. RACE AND ETHNICITY *(Select All That Apply)*

- ☐ AMERICAN INDIAN OR ALASKA NATIVE *(e.g., Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)*
- ☐ ASIAN *(e.g., Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)*
- ☐ BLACK OR AFRICAN AMERICAN *(e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)*
- ☐ HISPANIC OR LATINO *(e.g., Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)*
- ☐ MIDDLE EASTERN OR NORTH AFRICAN *(e.g., Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)*
- ☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER *(e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)*
- ☐ WHITE *(e.g., English, German, Irish, Italian, Polish, Scottish, etc.)*
- ☐ CHOOSES NOT TO DISCLOSE
- ☐ UNKNOWN

22. 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

23. VICTIM AFFILIATION *(X one)*

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

24. 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)*

- ☐ STATE ACTIVE DUTY (SAD)
- ☐ ANNUAL TRAINING (AT)
- ☐ TECHNICIAN/DUAL STATUS
- ☐ ACTIVE DUTY OPERATIONAL SUPPORT
- ☐ TRADITIONAL/M DAY
- ☐ PROFESSIONAL MILITARY EDUCATION
- ☐ INACTIVE DUTY TRAINING (IDT)
- ☐ NOT IN DUTY STATUS
- ☐ TECHNICIAN/NON-DUAL STATUS
- ☐ ACTIVE GUARD AND RESERVE (AGR)
- ☐ RECRUIT SUSTANMENT PROGRAM/STUDENT FLIGHT
- ☐ ROTC

(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 *(i.e., Installation Name)*	g. VICTIM ASSIGNED UIC	h. VICTIM ASSIGNED UNIT NAME

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

25. VICTIM CONTACT INFORMATION *(Address/Telephone/Email)*

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

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

27. VICTIM DEPENDENT RELATIONSHIP *(X one)*

☐ SPOUSE ☐ ADULT CHILD ☐ PARENT

28. 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)*

29.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 NOTE(S)

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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

30. VICTIM INFORMED OF RIGHT TO REQUEST EXPEDITED TRANSFER? *(X one)* ☐ YES ☐ NO

31.a. CIVILIAN PROTECTIVE ORDER (CPO) REQUESTED? *(X and complete as applicable)* ☐ YES ☐ NO

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

32.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)*	d. MPO ISSUE DATE *(MM/DD/YYYY)*	e. MPO VIOLATED *(X one)*	f. IF YES, BY WHOM? *(X one)*
	☐ YES ☐ NO		☐ YES ☐ NO	☐ VICTIM ☐ SUBJECT ☐ BOTH

g. IF MPO NOT ISSUED, WHY?

- ☐ VICTIM SEPARATED FROM THE MILITARY/GOVT SERVICE/CONTRACT
- ☐ VICTIM CHANGED DUTY LOCATIONS
- ☐ VICTIM IN CONFINEMENT
- ☐ VICTIM DIED
- ☐ ALLEGED SUBJECT SEPARATED FROM THE MILITARY/GOVT SERVICE/CONTRACT
- ☐ ALLEGED SUBJECT BARRED FROM ENTERING THE INSTALLATION
- ☐ ALLEGED SUBJECT IN CONFINEMENT
- ☐ ALLEGED SUBJECT DIED
- ☐ NO CONTACT ORDER ISSUED INSTEAD
- ☐ OTHER, REASON: _____

33. 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 *(X one)*

- ☐ NO CREDIBLE REPORT DETERMINATION OF A SEXUAL ASSAULT
- ☐ MOVED ALLEGED OFFENDER INSTEAD
- ☐ ALLEGED OFFENDER IS NO LONGER ASSIGNED TO THE COMMAND OR BASE
- ☐ VICTIM HAS A PRE-EXISTING TRANSFER ORDER (e.g., PCS)
- ☐ VICTIM DECLINED TO PARTICIPATE IN AN MCIO INVESTIGATION
- ☐ VICTIM IS A SUBJECT OF A SEPARATE CRIMINAL INVESTIGATION
- ☐ VICTIM RESCINDED THE REQUEST
- ☐ VICTIM IS PENDING UCMJ ACTION
- ☐ VICTIM IS PENDING SEPARATION
- ☐ VICTIM IS PENDING A MEDICAL EVALUATION BOARD
- ☐ OTHER, EXPLAIN: _____

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

k. DATE OF VICTIM'S PERMANENT CHANGE OF STATION/PERMANENT CHANGE OF ASSIGNMENT *(MM/DD/YYYY)*

l. HAS THE SARC OUT BRIEF MEETING OCCURRED? *(X one)*
☐ YES ☐ NO ☐ UNKNOWN

m. HAS THE SARC INTAKE MEETING BEEN SCHEDULED? *(X one)*
☐ YES ☐ NO ☐ UNKNOWN

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

34.a. REFERRAL RESOURCE TYPE *(X one)* ☐ MILITARY ☐ CIVILIAN

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

☐ MEDICAL ☐ BEHAVIORAL HEALTH ☐ LEGAL/SPECIAL VICTIMS' COUNSEL (SVC)

☐ CHAPLAIN/SPIRITUAL SUPPORT ☐ RAPE CRISIS CENTER ☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE

☐ DOD SAFE HELPLINE ☐ OTHER, EXPLAIN:

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

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

35.a. REFERRAL RESOURCE TYPE *(X one)* ☐ MILITARY ☐ CIVILIAN

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

☐ MEDICAL ☐ BEHAVIORAL HEALTH ☐ LEGAL/SPECIAL VICTIMS' COUNSEL (SVC)

☐ CHAPLAIN/SPIRITUAL SUPPORT ☐ RAPE CRISIS CENTER ☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE

☐ DOD SAFE HELPLINE ☐ OTHER, EXPLAIN:

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

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

36.a. REFERRAL RESOURCE TYPE *(X one)* ☐ MILITARY ☐ CIVILIAN

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

☐ MEDICAL ☐ BEHAVIORAL HEALTH ☐ LEGAL/SPECIAL VICTIMS' COUNSEL (SVC)

☐ CHAPLAIN/SPIRITUAL SUPPORT ☐ RAPE CRISIS CENTER ☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE

☐ DOD SAFE HELPLINE ☐ OTHER, EXPLAIN:

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 ☐ BEHAVIORAL HEALTH ☐ LEGAL/SPECIAL VICTIMS' COUNSEL (SVC)

☐ CHAPLAIN/SPIRITUAL SUPPORT ☐ RAPE CRISIS CENTER ☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE

☐ DOD SAFE HELPLINE ☐ OTHER, EXPLAIN:

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

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

SECTION V - FORENSIC EXAM

38. WAS FORENSIC EXAM OFFERED? *(X one)* ☐ YES ☐ NO

IF NO, REASON:

39.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

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

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SECTION VI - INVESTIGATIVE AGENCY

41.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)*

42. AGENCY CONDUCTING INVESTIGATION *(X one)*

☐ NCIS ☐ AFOSI ☐ ARMY CID ☐ NG/JA/OCI ☐ CGIS ☐ CIVILIAN LAW ENFORCEMENT

43. DATE INVESTIGATIVE ACTIVITY OPENED *(MM/DD/YYYY)*	44. INVESTIGATIVE ACTIVITY COMPLETED *(X and complete as applicable)*
	☐ YES IF YES, DATE INVESTIGATIVE ACTIVITY COMPLETED *(MM/DD/YYYY)*
	☐ NO

SECTION VII - INVESTIGATIVE AGENCY CASE TRANSFER *(If applicable)*

45. INVESTIGATIVE AGENCY CASE TRANSFERRED *(X one)*	46. ASSOCIATED INVESTIGATIVE CASE NUMBER *(See format instructions above)*
☐ ACROSS SERVICES ☐ WITHIN SERVICES ☐ TO NON-MILITARY JURISDICTION	

47. INVESTIGATIVE AGENCY CASE TRANSFER DATE *(MM/DD/YYYY)*	48. AGENCY CONDUCTING INVESTIGATION *(X one)*
	☐ NCIS ☐ AFOSI ☐ ARMY CID ☐ NG/JA/OCI ☐ CGIS ☐ CIVILIAN LAW ENFORCEMENT

49. GAINING INVESTIGATIVE AGENCY LOCATION

SECTION VIII - SUBJECT INFORMATION *(For multiple subjects, reuse as needed.)*

50. 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*:*

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

52. ID TYPE *(X one)*	53. DATE OF BIRTH *(MM/DD/YYYY)*	54. AGE AT TIME OF INCIDENT	55. SEX *(X one)*
☐ DOD ID NUMBER ☐ SSN ☐ PASSPORT NUMBER ☐ ALIEN REGISTRATION ☐ FOREIGN COUNTRY ID ☐ UNKNOWN ID NUMBER: _____			☐ MALE ☐ FEMALE ☐ UNKNOWN *(e.g., victim was unconscious at the time of the sexual assault and did not see the subject(s))*

56. RACE AND ETHNICITY *(Select All That Apply)*

☐ AMERICAN INDIAN OR ALASKA NATIVE *(e.g., Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.)*

☐ ASIAN *(e.g., Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.)*

☐ BLACK OR AFRICAN AMERICAN *(e.g., African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.)*

☐ HISPANIC OR LATINO *(e.g., Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.)*

☐ MIDDLE EASTERN OR NORTH AFRICAN *(e.g., Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.)*

☐ NATIVE HAWAIIAN OR PACIFIC ISLANDER *(e.g., Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, etc.)*

☐ WHITE *(e.g., English, German, Irish, Italian, Polish, Scottish, etc.)*

☐ CHOOSES NOT TO DISCLOSE

☐ UNKNOWN

57. DEPENDENT STATUS *(X one)* ☐ YES ☐ NO

58. SUBJECT TYPE *(X one)*

☐ MILITARY ☐ DOD CIVILIAN ☐ OTHER GOVERNMENT CIVILIAN ☐ U.S. CIVILIAN

☐ FOREIGN NATIONAL ☐ FOREIGN MILITARY ☐ DOD CONTRACTOR ☐ UNKNOWN

59. SERVICE AFFILIATION *(X one)*

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

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

60.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 *(X one)*

☐ TITLE 10
☐ TITLE 32

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

☐ 50 STATES *(ENTER STATE):* _____ ☐ DISTRICT OF COLUMBIA
☐ PUERTO RICO ☐ GUAM ☐ VIRGIN ISLANDS

(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 *(X one)*

☐ RECRUITER ☐ INSTRUCTOR ☐ DRILL SERGEANT ☐ DRILL INSTRUCTOR
☐ MEPS (MILITARY ENTRANCE PROCESSING STATION) ☐ N/A

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

☐ GS ☐ WG ☐ NAF ☐ SES ☐ OTHER ☐ UNKNOWN

f. SUBJECT ASSIGNED LOCATION *(i.e., Installation Name)*	g. SUBJECT ASSIGNED UNIT NAME	h. SUBJECT ASSIGNED UIC

SECTION IX - INCIDENT DETAIL

61.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

62. FOR UNRESTRICTED REPORT:

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

b. IS DATE AN ESTIMATE? *(X one)*

☐ YES ☐ NO

63. INCIDENT TIME OF DAY

☐ MIDNIGHT TO 6 AM ☐ 6 AM TO 6 PM ☐ 6 PM TO MIDNIGHT ☐ UNKNOWN

64.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 *(X all that apply)*

☐ MULTIPLE LOCATIONS
☐ SUBMARINE
☐ BANK/SAVING AND LOAN (includes other financial institutions, credit union)
☐ CHURCH/SYNAGOGUE/TEMPLE (includes religious buildings)
☐ CONSTRUCTION SITE
☐ DEPARTMENT/DISCOUNT STORE, EXCHANGE
☐ FIELD/WOODS, TRAINING AREA
☐ GROCERY/SUPERMARKET, COMMISSARY
☐ HOTEL/MOTEL/ETC. (includes other temporary military lodging)
☐ LAKE/WATERWAY/OCEAN
☐ PARKING LOT/GARAGE, MOTOR POOL
☐ RESIDENCE/HOME
☐ SCHOOL/COLLEGE (includes university)
☐ CONCESSIONAIRRE/SPECIALTY STORY
☐ RECREATION AREA/PARK
☐ ON BOARD SHIP
☐ PRIVATE VEHICLE
☐ UNKNOWN
☐ AIR/BUS/TRAIN TERMINAL
☐ BAR/NIGHT CLUB/OFFICER CLUB/NONCOMMISSIONED OFFICER CLUB
☐ COMMERCIAL/OFFICE BUILDING
☐ CONVENIENCE STORE, SHOPPETTE
☐ DRUG STORE/DOCTOR'S OFFICE/HOSPITAL, CLINIC (includes medical supply building)
☐ GOVERNMENT/PUBLIC BUILDING
☐ HIGHWAY/ROAD/ALLEY (includes street)
☐ JAIL/PRISON/CORRECTIONS FACILITY (includes penitentiary)
☐ LIQUOR STORE, CLASS VI
☐ RENTAL STORAGE FACILITY (includes "Mini-Storage" and "Self-Storage buildings)
☐ RESTAURANT, DINING FACILITY (includes cafeteria)
☐ SERVICE/GAS STATION
☐ CHILD CARE CENTER
☐ TRAINING CENTER/SERVICE SCHOOL
☐ AIRCRAFT

c. HOUSING TYPE

☐ BARRACKS ☐ BEQ ☐ BOQ ☐ QUARTERS/FAMILY HOUSING
☐ OTHER ☐ UNKNOWN

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

d. INCIDENT LOCATION NAME	e. STATE/COUNTRY	f. CITY

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

a. WAS ALCOHOL INVOLVED? ☐ YES ☐ NO ☐ UNKNOWN

b. WERE DRUGS INVOLVED? ☐ YES ☐ NO ☐ UNKNOWN

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

67. 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)

(5) NG VICTIM RECRUIT/TRAINING STATUS

☐ NG PRE-ACCESSION RECRUIT SUSTAINMENT PROGRAM (RSP) ☐ PRE-RECRUIT GENERAL EDUCATION DEVELOPMENT (GED) PROGRAM

SECTION X – SEXUAL ASSAULT RELATED RETALIATION CASE INFORMATION

68. RETALIATION CONTROL NUMBER	**69. ASSOCIATED DSAID CONTROL NUMBER**	**70. INVOLVES MULTIPLE DSAID CASES?** *(X one)*
		☐ YES ☐ NO

71. SARC PRIMARY LOCATION (DSAID LOCATION CODE)	**72. DATE ALLEGATIONS OF RETALIATION WAS REPORTED** *(MM/DD/YYYY)*

73. DSAID RETALIATION CASE STATUS *(X one)*

☐ OPEN ☐ CLOSED

74. 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

75. 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 ☐ SPACE FORCE 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

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

77. RETALIATION REPORTER NAME: a. LAST	b. FIRST	c. MIDDLE

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

78. REPORTER IDENTIFICATION TYPE *(X one)*

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

ID NUMBER: _____

79. REPORTER DATE OF BIRTH *(MM/DD/YYYY)*

80. REPORTER SEX *(X one)*

☐ MALE ☐ FEMALE

81. 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)*

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

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

84. NARRATIVE OF THE RETALIATION ALLEGATION(S)

85. REPORTER TYPE *(X one)*

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

86. SERVICE AFFILIATION *(X one)*

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

87.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
☐ TITLE 10 ☐ TITLE 32	☐ GS ☐ WG ☐ NAF ☐ SES ☐ OTHER ☐ UNKNOWN		

(5) REPORTER ASSIGNED LOCATION	*(6)* REPORTER ASSIGNED UNIT NAME	*(7)* REPORTER ASSIGNED UIC

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

89. ACTIONS TAKEN TO SUPPORT REPORTER OF RETALIATION *(X all that apply)*

☐ 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

90. OTHER ACTIONS TAKEN TO SUPPORT REPORTER OF RETALIATION

91. REASON NO SUPPORT IS BEING PROVIDED *(X one)*

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

92. OTHER REASON NO SUPPORT IS BEING PROVIDED

93. REPORTER SUPPORT CASE NOTES

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

95. 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

96. 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 ☐ SPACE FORCE 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

97. INVESTIGATIVE CASE NUMBER

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

99. DATE INVESTIGATIVE ACTIVITY OPENED *(MM/DD/YYYY)*

100. INVESTIGATIVE ACTIVITY COMPLETED? *(X one)*

☐ YES ☐ NO

101. DATE INVESTIGATIVE ACTIVITY COMPLETED *(MM/DD/YYYY)*

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

☐ YES, RESULTS PROVIDED TO THE REPORTER

☐ NO, RESULTS NOT PROVIDED TO THE REPORTER

103. 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

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

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

106. RETALIATOR TYPE *(X one)*

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

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

107. RETALIATOR NAME

a. LAST _____

b. FIRST _____

c. MIDDLE _____

108. IS DOD ID NUMBER AVAILABLE? *(X one)*

☐ YES ☐ NO

109. IF YES, RETALIATOR DOD IDENTIFICATION NUMBER

110. RETALIATOR SEX *(X one)*

☐ MALE ☐ FEMALE

111. RETALIATOR AFFILIATION *(X one)*

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

112. RETALIATOR DUTY STATUS *(X one)*

☐ ACTIVE DUTY ☐ RESERVE ☐ NATIONAL GUARD (NG)

113. RETALIATOR DUTY ASSIGNMENT *(X one)*

☐ RECRUITER ☐ INSTRUCTOR ☐ DRILL SERGEANT ☐ DRILL INSTRUCTOR

☐ MEPS (MILITARY ENTRANCE PROCESSING STATION) ☐ N/A

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

☐ TITLE 10 ☐ TITLE 32

115. RETALIATOR PAY GRADE AT TIME OF INCIDENT

116. 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

117. 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

SECTION XI – SAPR-RELATED INQUIRY (SRI)

118. SRI CONTROL NUMBER	**119. DATE OF INQUIRY** *(MM/DD/YYYY)*	**120. SARC LOCATION CODE**
SI- _____		

121. SARC NAME

122. SARC AFFILIATION *(X one)*

- ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ SPACE FORCE
- ☐ MARINE CORPS ☐ COAST GUARD ☐ NATIONAL GUARD ☐ DOD
- ☐ NOAA ☐ PUBLIC HEALTH

123. TYPE OF INQUIRER *(X all that apply)*

- ☐ CHOOSES NOT TO DISCLOSE ☐ VICTIM (SELF) ☐ NEIGHBOR ☐ ACQUAINTANCE
- ☐ LOVE INTEREST/DATING ☐ EXTENDED FAMILY MEMBER ☐ EMPLOYEE ☐ EMPLOYER
- ☐ STRANGER ☐ OTHERWISE KNOWN ☐ RELATIONSHIP UNKNOWN ☐ SUPERVISOR/COMMAND
- ☐ RECRUITER ☐ COWORKER

124. VICTIM SEX *(X one)*

- ☐ MALE ☐ FEMALE

125. VICTIM TYPE *(X one)*

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

126. VICTIM AFFILIATION *(X one)*

- ☐ ARMY ☐ NAVY ☐ AIR FORCE ☐ SPACE FORCE
- ☐ MARINE CORPS ☐ COAST GUARD ☐ NATIONAL GUARD ☐ DOD
- ☐ NOAA ☐ PUBLIC HEALTH

127. VICTIM PERSONNEL TYPE *(X one)*

- ☐ OFFICER ☐ ENLISTED ☐ ACADEMY CADET/MIDSHIPMAN

128. REASON FOR NOT REPORTING *(X all that apply)*

- ☐ WANTED TO FORGET ABOUT IT AND MOVE ON
- ☐ DID NOT WANT MORE PEOPLE TO KNOW
- ☐ FELT ASHAMED OR EMBARRASSED
- ☐ FELT PARTIALLY TO BLAME
- ☐ THOUGHT IT WAS NOT SERIOUS ENOUGH TO REPORT
- ☐ DID NOT THINK ANYTHING WOULD BE DONE
- ☐ WORRIED ABOUT POTENTIAL NEGATIVE CONSEQUENCES FROM THEIR COWORKERS OR PEERS
- ☐ DID NOT THINK THEIR REPORT WOULD BE KEPT CONFIDENTIAL
- ☐ DID NOT WANT TO HURT THE PERSON'S CAREER
- ☐ DID NOT WANT PEOPLE TO SEE THEM AS WEAK
- ☐ THOUGHT THEY MIGHT GET IN TROUBLE FOR SOMETHING THEY HAD DONE OR WOULD GET LABELED A TROUBLEMAKER
- ☐ WORRIED ABOUT POTENTIAL NEGATIVE CONSEQUENCES FROM THE PERSON(S) WHO DID IT
- ☐ DID NOT TRUST THE PROCESS WOULD BE FAIR
- ☐ WORRIED ABOUT POTENTIAL NEGATIVE CONSEQUENCES FROM A SUPERVISOR OR SOMEONE IN THEIR CHAIN OF COMMAND
- ☐ THOUGHT IT MIGHT HURT THEIR PERFORMANCE EVALUATION/FITNESS REPORT OR THEIR CAREER
- ☐ DID NOT WANT TO HURT THE PERSON'S FAMILY
- ☐ SOME OTHER REASON

129. OPTIONS AND INFORMATION DISCUSSED WITH THE INQUIRER

130. REFERRAL MADE *(X one)* ☐ YES ☐ NO

131. TYPE OF REFERRAL SUPPORT *(X all that apply)*

- ☐ MEDICAL
- ☐ BEHAVIORAL HEALTH
- ☐ LEGAL/SPECIAL VICTIMS' COUNSEL (SVC)
- ☐ CHAPLAIN/SPIRITUAL SUPPORT
- ☐ RAPE CRISIS CENTER
- ☐ VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE
- ☐ DOD SAFE HELPLINE
- ☐ CATCH ELECTION WITHOUT A REPORT
- ☐ OTHER