

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 2 hours 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.

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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://dpcid.defense.gov/Portals/49/Documents/Privacy/SORNS/QSDJS/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		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 <input type="checkbox"/> CIVILIAN VICTIM WITH CIVILIAN SUBJECT <input type="checkbox"/> FAMILY ADVOCACY PROGRAM <input type="checkbox"/> INDEPENDENT INVESTIGATION OR THIRD PARTY REPORT <input type="checkbox"/> INFORMATIONAL/I-TITLE FILE					

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

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
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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)

- | | | | |
|---|--|-----------------------------------|---|
| <input type="checkbox"/> EMPLOYER | <input type="checkbox"/> EMPLOYEE | <input type="checkbox"/> COWORKER | <input type="checkbox"/> SUPERVISOR/COMMAND |
| <input type="checkbox"/> RECRUITER | <input type="checkbox"/> NEIGHBOR | <input type="checkbox"/> FRIEND | <input type="checkbox"/> ACQUAINTANCE |
| <input type="checkbox"/> STRANGER | <input type="checkbox"/> INTIMATE PARTNER/DATING | <input type="checkbox"/> SIBLING | <input type="checkbox"/> SPOUSE |
| <input type="checkbox"/> FORMER SPOUSE | <input type="checkbox"/> ADULT CHILD | <input type="checkbox"/> PARENT | <input type="checkbox"/> EXTENDED FAMILY MEMBER |
| <input type="checkbox"/> RELATIONSHIP UNKNOWN | <input type="checkbox"/> 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. GENDER (X one)

- MALE FEMALE

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

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)

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

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)	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
30. VICTIM INFORMED OF RIGHT TO REQUEST EXPEDITED TRANSFER? (X one)					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
31.a. CIVILIAN PROTECTIVE ORDER (CPO) REQUESTED? (X and complete as applicable)			<input type="checkbox"/> YES <input type="checkbox"/> NO	b. IF YES, EFFECTIVE DATE OF CPO (MM/DD/YYYY)	
32.a. MILITARY PROTECTIVE ORDER (MPO) REQUESTED? (X and complete as applicable)					
<input type="checkbox"/> YES <input type="checkbox"/> 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)	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> VICTIM <input type="checkbox"/> SUBJECT <input type="checkbox"/> BOTH	
g. IF MPO NOT ISSUED, WHY?					
<input type="checkbox"/> VICTIM SEPARATED FROM THE MILITARY/GOVT SERVICE/CONTRACT <input type="checkbox"/> VICTIM CHANGED DUTY LOCATIONS <input type="checkbox"/> VICTIM IN CONFINEMENT <input type="checkbox"/> VICTIM DIED <input type="checkbox"/> ALLEGED SUBJECT SEPARATED FROM THE MILITARY/GOVT SERVICE/CONTRACT <input type="checkbox"/> ALLEGED SUBJECT BARRED FROM ENTERING THE INSTALLATION <input type="checkbox"/> ALLEGED SUBJECT IN CONFINEMENT <input type="checkbox"/> ALLEGED SUBJECT DIED <input type="checkbox"/> NO CONTACT ORDER ISSUED INSTEAD <input type="checkbox"/> OTHER, REASON:					
33. VICTIM EXPEDITED TRANSFER					
a. DATE VICTIM REQUESTED EXPEDITED TRANSFER (MM/DD/YYYY)			b. VICTIM EXPEDITED TRANSFER REQUESTED TYPE (X one)		
			<input type="checkbox"/> LOCAL - UNIT/DUTY TRANSFER <input type="checkbox"/> PCS - INSTALLATION TRANSFER		
c. COMMAND DECISION FOR EXPEDITED TRANSFER (X one)			<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		
d. REASON FOR DISAPPROVED EXPEDITED TRANSFER PER COMMAND DECISION (X one)					
<input type="checkbox"/> NO CREDIBLE REPORT DETERMINATION OF A SEXUAL ASSAULT <input type="checkbox"/> MOVED ALLEGED OFFENDER INSTEAD <input type="checkbox"/> ALLEGED OFFENDER IS NO LONGER ASSIGNED TO THE COMMAND OR BASE <input type="checkbox"/> VICTIM HAS A PRE-EXISTING TRANSFER ORDER (e.g., PCS) <input type="checkbox"/> VICTIM DECLINED TO PARTICIPATE IN AN MCIO INVESTIGATION <input type="checkbox"/> VICTIM IS A SUBJECT OF A SEPARATE CRIMINAL INVESTIGATION <input type="checkbox"/> VICTIM RESCINDED THE REQUEST <input type="checkbox"/> VICTIM IS PENDING UCMJ ACTION <input type="checkbox"/> VICTIM IS PENDING SEPARATION <input type="checkbox"/> VICTIM IS PENDING A MEDICAL EVALUATION BOARD <input type="checkbox"/> OTHER, EXPLAIN:					
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)			h. SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER? (X one)		
<input type="checkbox"/> YES <input type="checkbox"/> NO			<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		
i. DATE OF SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER (MM/DD/YYYY)			j. VICTIM TRANSFERRED PER SENIOR LEVEL COMMAND DECISION? (X one)		
			<input type="checkbox"/> YES <input type="checkbox"/> 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)			m. HAS THE SARC INTAKE MEETING BEEN SCHEDULED? (X one)		
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

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

ON INSTALLATION OFF INSTALLATION **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)*

DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM

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)

- DOD ID NUMBER SSN PASSPORT NUMBER ALIEN REGISTRATION
FOREIGN COUNTRY ID UNKNOWN ID NUMBER:

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

54. AGE AT TIME OF INCIDENT

- GENDER (X one)
MALE
FEMALE
UNKNOWN

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)* (2) SUBJECT NG STATE AFFILIATION *(X one)*
 TITLE 10 50 STATES *(ENTER STATE):* _____ DISTRICT OF COLUMBIA
 TITLE 32 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)*

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

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

a. WAS ALCOHOL INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	b. WERE DRUGS INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> 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)

<input type="checkbox"/> RAPE (ART. 120)	<input type="checkbox"/> INDECENT ASSAULT (ART. 134)	<input type="checkbox"/> FORCIBLE SODOMY (ART. 125)
<input type="checkbox"/> ATTEMPTS TO COMMIT OFFENSES (ART. 80)	<input type="checkbox"/> UNKNOWN (NG ONLY)	<input type="checkbox"/> PROSECUTED BY STATE LAW (NG ONLY)

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

<input type="checkbox"/> RAPE (ART. 120)	<input type="checkbox"/> AGGRAVATED SEXUAL ASSAULT (ART. 120)	<input type="checkbox"/> AGGRAVATED SEXUAL CONTACT (ART. 120)	<input type="checkbox"/> ABUSIVE SEXUAL CONTACT (ART. 120)
<input type="checkbox"/> WRONGFUL SEXUAL CONTACT (ART. 120)	<input type="checkbox"/> FORCIBLE SODOMY (ART. 125)	<input type="checkbox"/> ATTEMPTS TO COMMIT OFFENSES (ART. 80)	<input type="checkbox"/> INDECENT ASSAULT (ART.134)
<input type="checkbox"/> UNKNOWN (NG ONLY)	<input type="checkbox"/> PROSECUTED BY STATE LAW (NG ONLY)		

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

<input type="checkbox"/> RAPE (ART. 120)	<input type="checkbox"/> SEXUAL ASSAULT (ART. 120)	<input type="checkbox"/> AGGRAVATED SEXUAL CONTACT (ART. 120)	<input type="checkbox"/> ABUSIVE SEXUAL CONTACT (ART. 120)
<input type="checkbox"/> FORCIBLE SODOMY (ART. 125)	<input type="checkbox"/> ATTEMPTS TO COMMIT OFFENSES (ART. 80)	<input type="checkbox"/> UNKNOWN (NG ONLY)	<input type="checkbox"/> PROSECUTED BY STATE LAW (NG ONLY)

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

<input type="checkbox"/> RAPE (ART. 120)	<input type="checkbox"/> SEXUAL ASSAULT (ART. 120)	<input type="checkbox"/> AGGRAVATED SEXUAL CONTACT (ART. 120)	<input type="checkbox"/> ABUSIVE SEXUAL CONTACT (ART. 120)
<input type="checkbox"/> ATTEMPTS TO COMMIT OFFENSES (ART. 80)	<input type="checkbox"/> UNKNOWN (NG ONLY)	<input type="checkbox"/> 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)		
	<input type="checkbox"/> TITLE 10 <input type="checkbox"/> TITLE 32		
(3) VICTIM NG TITLE 10 CATEGORY AT THE TIME OF INCIDENT (X one)			
<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"/> ANNUAL TRAINING (AT)	<input type="checkbox"/> ACTIVE DUTY ARMED SERVICES	
<input type="checkbox"/> ACTIVE GUARD AND RESERVE (AGR)	<input type="checkbox"/> PROFESSIONAL MILITARY EDUCATION (PME)	<input type="checkbox"/> ACTIVE DUTY OPERATIONAL SUPPORT (ADOS)	
(4) VICTIM NG TITLE 32 CATEGORY AT THE TIME OF INCIDENT (X one)			
<input type="checkbox"/> STATE ACTIVE DUTY (SAD)	<input type="checkbox"/> INACTIVE DUTY TRAINING (IDT)	<input type="checkbox"/> ANNUAL TRAINING (AT)	<input type="checkbox"/> NOT IN DUTY STATUS
<input type="checkbox"/> TECHNICIAN DUAL STATUS	<input type="checkbox"/> TECHNICIAN NON-DUAL STATUS	<input type="checkbox"/> RECRUIT SUSTAINMENT PROGRAM/STUDENT FLIGHT	
<input type="checkbox"/> PROFESSIONAL MILITARY EDUCATION (PME)	<input type="checkbox"/> ROTC	<input type="checkbox"/> ACTIVE GUARD AND RESERVE (AGR)	<input type="checkbox"/> ACTIVE DUTY OPERATIONAL SUPPORT (ADOS)
(5) NG VICTIM RECRUIT/TRAINING STATUS			
<input type="checkbox"/> NG PRE-ACCESSION RECRUIT SUSTAINMENT PROGRAM (RSP)			
<input type="checkbox"/> 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)
		<input type="checkbox"/> YES <input type="checkbox"/> NO

71. SARC PRIMARY LOCATION (DSAID LOCATION CODE)	72. DATE ALLEGATIONS OF RETALIATION WAS REPORTED (MM/DD/YYYY)
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73. DSAID RETALIATION CASE STATUS (X one)	74. TYPE OF RETALIATION REPORTER (X one)		
<input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	<input type="checkbox"/> ADULT SEXUAL ASSAULT VICTIM	<input type="checkbox"/> VICTIM'S FAMILY MEMBER	<input type="checkbox"/> WITNESS
	<input type="checkbox"/> BYSTANDER (WHO INTERVENED)	<input type="checkbox"/> SARC ON THIS CASE	<input type="checkbox"/> RESPONDER
	<input type="checkbox"/> SAPR VA ON THIS CASE	<input type="checkbox"/> OTHER PARTY	

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

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

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

77. RETALIATION REPORTER NAME: a. LAST	b. FIRST	c. MIDDLE
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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 GENDER (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) TITLE 10 TITLE 32
- (2) REPORTER PAY PLAN (X one) GS WG NAF SES OTHER UNKNOWN
- (3) REPORTER PAY GRADE
- (4) REPORTER GRADE

- (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 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

92. OTHER REASON NO SUPPORT IS BEING PROVIDED		93. REPORTER SUPPORT CASE NOTES	
94. INVESTIGATION CASE FILE OPENED (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO			
95. REASON WHY NO INVESTIGATION OPENED (X one)			
<input type="checkbox"/> DID NOT MEET THE THRESHOLD FOR RETALIATION (I.E., REPRISAL ACTIONS, RESTRICTION, OSTRACISM, CRUELTY OR MALTREATMENT, OR CRIMINAL ACT FOR A RETALIATORY PURPOSE)			
<input type="checkbox"/> REFERRED TO ANOTHER AGENCY TO INVESTIGATE (E.G., DOD IG) <input type="checkbox"/> REPORTER DECLINED TO PARTICIPATE IN THE INVESTIGATION			
<input type="checkbox"/> REPORTER DIED <input type="checkbox"/> REPORTER WITHDREW COMPLAINT <input type="checkbox"/> REPORTER IS ABSENT WITHOUT LEAVE			
<input type="checkbox"/> REPORTER SEPARATED FROM THE SERVICE			
96. PROGRAM RESPONSIBLE FOR INVESTIGATING RETALIATION ALLEGATION(S) (X one)			
<input type="checkbox"/> ARMY IG <input type="checkbox"/> AIR FORCE IG <input type="checkbox"/> NAVY IG <input type="checkbox"/> USMC IG <input type="checkbox"/> COAST GUARD IG <input type="checkbox"/> NATIONAL GUARD IG <input type="checkbox"/> DOD IG <input type="checkbox"/> SPACE FORCE IG			
<input type="checkbox"/> ARMY CHAIN OF COMMAND <input type="checkbox"/> AIR FORCE CHAIN OF COMMAND <input type="checkbox"/> NATIONAL GUARD CHAIN OF COMMAND <input type="checkbox"/> NAVY CHAIN OF COMMAND			
<input type="checkbox"/> USMC CHAIN OF COMMAND <input type="checkbox"/> COAST GUARD CHAIN OF COMMAND <input type="checkbox"/> SPACE FORCE CHAIN OF COMMAND <input type="checkbox"/> ARMY CID <input type="checkbox"/> NCIS			
<input type="checkbox"/> AFOSI <input type="checkbox"/> CGIS <input type="checkbox"/> NG OCI <input type="checkbox"/> ARMY LAW ENFORCEMENT <input type="checkbox"/> AIR FORCE LAW ENFORCEMENT <input type="checkbox"/> NAVY LAW ENFORCEMENT			
<input type="checkbox"/> MARINE CORPS LAW ENFORCEMENT <input type="checkbox"/> COAST GUARD LAW ENFORCEMENT <input type="checkbox"/> MEO ADVISOR/REPRESENTATIVE (ARMY)			
<input type="checkbox"/> MEO ADVISOR/REPRESENTATIVE (AIR FORCE) <input type="checkbox"/> MEO ADVISOR/REPRESENTATIVE (NAVY) <input type="checkbox"/> MEO ADVISOR/REPRESENTATIVE (MARINES)			
<input type="checkbox"/> MEO ADVISOR/REPRESENTATIVE (COAST GUARD) <input type="checkbox"/> MEO ADVISOR/REPRESENTATIVE (NATIONAL GUARD) <input type="checkbox"/> 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)	
		<input type="checkbox"/> YES <input type="checkbox"/> NO	
101. DATE INVESTIGATIVE ACTIVITY COMPLETED (MM/DD/YYYY)		102. RESULTS OF THE INVESTIGATION PROVIDED TO RETALIATION REPORTER? (X one)	
		<input type="checkbox"/> YES, RESULTS PROVIDED TO THE REPORTER <input type="checkbox"/> NO, RESULTS NOT PROVIDED TO THE REPORTER	
103. IF NO, REASON (RESULTS OF THE INVESTIGATION NOT PROVIDED TO RETALIATION REPORTER) (X one)			
<input type="checkbox"/> REPORTER SEPARATED FROM THE SERVICE <input type="checkbox"/> REPORTER IS ABSENT WITHOUT LEAVE <input type="checkbox"/> REPORTER DIED <input type="checkbox"/> OTHER			
104. IF NO, OTHER REASON (WHY RESULTS OF THE INVESTIGATION NOT PROVIDED TO RETALIATION REPORTER)			
105. IS RETALIATOR KNOWN? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		106. RETALIATOR TYPE (X one)	
107. RETALIATOR NAME		<input type="checkbox"/> MILITARY <input type="checkbox"/> DOD CIVILIAN <input type="checkbox"/> DOD CONTRACTOR <input type="checkbox"/> OTHER GOVERNMENT CIVILIAN	
a. LAST _____		<input type="checkbox"/> U.S. CIVILIAN <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> FOREIGN MILITARY <input type="checkbox"/> UNKNOWN	
b. FIRST _____			
c. MIDDLE _____			
108. IS DOD ID NUMBER AVAILABLE? (X one) <input type="checkbox"/> YES <input type="checkbox"/> NO		109. IF YES, RETALIATOR DOD IDENTIFICATION NUMBER	
		110. RETALIATOR GENDER (X one)	
		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
111. RETALIATOR 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"/> N/A			
112. RETALIATOR DUTY STATUS (X one)		113. RETALIATOR DUTY ASSIGNMENT (X one)	
<input type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> RESERVE <input type="checkbox"/> NATIONAL GUARD (NG)		<input type="checkbox"/> RECRUITER <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> DRILL SERGEANT <input type="checkbox"/> DRILL INSTRUCTOR	
		<input type="checkbox"/> MEPS (MILITARY ENTRANCE PROCESSING STATION) <input type="checkbox"/> N/A	
114. RETALIATOR NATIONAL GUARD SERVICE (X one)		115. RETALIATOR PAY GRADE AT TIME OF INCIDENT	
<input type="checkbox"/> TITLE 10 <input type="checkbox"/> TITLE 32			

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 SI- _____	119. DATE OF INQUIRY <i>(MM/DD/YYYY)</i>	120. SARC LOCATION CODE
---	---	--------------------------------

121. SARC NAME

122. SARC AFFILIATION *(X one)*

<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> SPACE FORCE
<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> DOD
<input type="checkbox"/> NOAA	<input type="checkbox"/> PUBLIC HEALTH		

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

<input type="checkbox"/> CHOOSES NOT TO DISCLOSE	<input type="checkbox"/> VICTIM (SELF)	<input type="checkbox"/> NEIGHBOR	<input type="checkbox"/> ACQUAINTANCE
<input type="checkbox"/> LOVE INTEREST/DATING	<input type="checkbox"/> EXTENDED FAMILY MEMBER	<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> EMPLOYER
<input type="checkbox"/> STRANGER	<input type="checkbox"/> OTHERWISE KNOWN	<input type="checkbox"/> RELATIONSHIP UNKNOWN	<input type="checkbox"/> SUPERVISOR/COMMAND
<input type="checkbox"/> RECRUITER	<input type="checkbox"/> COWORKER		

124. VICTIM GENDER <i>(X one)</i>	125. VICTIM TYPE <i>(X one)</i>
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<input type="checkbox"/> MILITARY <input type="checkbox"/> DOD CIVILIAN <input type="checkbox"/> DOD CONTRACTOR
	<input type="checkbox"/> OTHER GOVERNMENT CIVILIAN <input type="checkbox"/> FOREIGN NATIONAL <input type="checkbox"/> FOREIGN MILITARY

126. VICTIM AFFILIATION *(X one)*

<input type="checkbox"/> ARMY	<input type="checkbox"/> NAVY	<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> SPACE FORCE
<input type="checkbox"/> MARINE CORPS	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> NATIONAL GUARD	<input type="checkbox"/> DOD
<input type="checkbox"/> NOAA	<input type="checkbox"/> 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