

REPORTING PREFERENCE STATEMENT FOR DOD CIVILIAN EMPLOYEES TO REPORT ADULT SEXUAL ASSAULT WITHIN THE SAPR PROGRAM

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 932, Art. 132 Retaliation; 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 7013; Secretary of 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, Sexual Assault Prevention and Response Program; DoD Instruction (DoDI) 6495.02, Volume 1 Sexual Assault Prevention and Response: Program Response Procedures; DoDI 6495.02 Volume 3, Sexual Assault Prevention and Response: Retaliation Response for Adult Sexual Assault Cases; Army Regulation 600-20 Army Command Policy, Chapter 7; Office of the Chief of Naval Operations (OPNAV) Instruction 1752.1C, Sexual Assault Prevention and Response Program; Marine Corps Order 1752.5C, SAPR Program; Air Force Instruction 90-600, SAPR Program; Section 1101 of Public Law 117-263, National Defense Authorization Act for Fiscal Year 2023, December 23, 2022.

PRINCIPLE PURPOSE(S): Information will be used to document the communication of reporting preferences to DoD Civilian Employees reporting sexual assaults involving a Service member as the alleged perpetrator within the Sexual Assault Prevention and Response (SAPR) Program.

ROUTINE USES: Applicable Routine Use(s) are: To permit the disclosure of sensitive information for purpose of providing advocacy and referrals for available services for DoD civilian employees during a period of crisis related to an Unrestricted or Restricted Report of sexual assault. Additional routine uses are listed in the applicable system of records notice, DHRA 06, Defense Sexual Assault Incident Database (DSAID), at <https://www.federalregister.gov/documents/2019/10/09/2019-22078/privacy-act-of-1974-system-of-records>.

DISCLOSURE: Voluntary. However, if you decide not to provide certain information, it may impede the ability of the Sexual Assault Response Coordinator (SARC) to offer the full range of care and support established by the SAPR Program. This form will be retained for 50 years.

1. PERSONAL INFORMATION

A. I, _____ (full name), _____ (DoD Identification Number on CAC),
_____ (DSAID Control Number (if applicable)).

B. VICTIM'S STATUS. (Initial, if applicable)

_____ I AM an adult military dependent or a member of the Reserve Component. [If this sexual assault report involves a DoD civilian employee who is also an adult military dependent or a member of the Reserve Component (Reservist or National Guard) eligible for SAPR Services, the victim will use the DD 2910 to report, to receive NDAA-required notifications of additional services. However, this does not confer any additional entitlements to civilian employment, for example, there are no Expedited Transfers to another civilian employment location.] Do not complete this form. Only complete the DD Form 2910.

_____ I am NOT an adult military dependent or a member of the Reserve Component. (Finish the rest of the form.)

C. IDENTIFY THE STATUS OF THE SUSPECT: (Select only one. However, if there are multiple suspects, select all that apply)

My reporting option will fall in this category:

- (1) Unrestricted or Restricted Report involving a Service Member (at the time of the offense) as a suspect.
- (2) Unrestricted or Restricted Report involving a civilian (at the time of the offense) as a suspect.
- (3) Unrestricted or Restricted Report involving an unidentified suspect, or a suspect where I don't know if they are a civilian or a Service member.

D. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE SEXUAL ASSAULT PREVENTION AND RESPONSE VICTIM ADVOCATE (SAPR VA) OR SARC. Please initial below.

The SARC/SAPR VA has informed me of:

- _____ (1) The reporting options that are available.
- _____ (2) Available civilian resources from which I may obtain additional information and/or assistance including the option to obtain a sexual assault forensic examination, which includes both medical forensic care and a collection of samples which may be used as evidence.
- _____ (3) [Specific to each Military Service or National Guard] The SARC/SAPR VA has explained to me IF I am eligible for a Special Victims' Counsel/ Victims' Legal Counsel/Victims' Counsel (SVC/VLC/VC) who will be my attorney and not the government's attorney, and who will provide me with legal advice and representation.
- _____ (4) Available support services for DoD Civilian Employees, may include: (SARC or SAPR VA to check those services for which the victim may be eligible.)

- Workplace Violence Prevention and Response programs
- Employee Assistance Program (EAP)

Name of EAP POC:	Contact info for EAP POC:

- Local Rape Crisis Center
- Civilian legal assistance services
- Rape crisis hotlines
- Survivor support groups
- Other: _____

_____ (5) Information regarding safety concerns.

_____ (6) Information that if the crime is prosecuted under the Uniform Code of Military Justice (UCMJ), any communications with my SARC or SAPR VA, for the purpose of facilitating advice or assistance, are confidential under the Victim-Victim Advocate Privilege unless an exception applies under the UCMJ. However, if the crime is prosecuted in a civilian jurisdiction, then those specific evidentiary rules apply.

_____ (7) CIVILIAN EMPLOYEE WHO IS ALSO A VETERAN. The SARC/SAPR VA provided me information on how the Department of Veterans Affairs can help me with medical and mental healthcare and, if I am interested, understanding eligibility for filing a disability claim.

Medical and mental healthcare: I was advised that every Veterans Affairs healthcare facility has a Veterans Health Administration (VHA) Military Sexual Trauma (MST) Coordinator who can assist me in accessing MST-related medical and mental healthcare, and information is available at: <http://www.mentalhealth.va.gov/msthome/vha-mst-coordinators.asp>.

Benefits and Disability claims: I was advised that for help with disability claims related to MST, I can contact the Veterans Benefits Administration (VBA) MST Outreach Coordinator at my local VBA Regional Office, and information is available at: www.benefits.va.gov/benefits/mstcoordinators.asp.

E. ADDITIONAL INFORMATION: *(please initial)*

_____ (1) I understand that if I believe I was retaliated against by my supervisors or peers for reporting a sexual assault, I can report my retaliation to any civilian personnel management official, Inspector General, law enforcement, Victim Witness Assistance Program personnel, Defense Civilian Personnel Advisory Service (DCPAS) or Equal Opportunity Office personnel, as appropriate.

_____ (2) I have been advised that:

_____ (a) Unless it is determined that a disclosure is necessary to prevent or mitigate a serious or imminent threat to the employee submitting the report or to another person, a Restricted Report shall not be disclosed to my commander (or DoD civilian employee equivalent or Director of a DoD office), or cause the initiation of a federal civil or criminal investigation.

_____ (b) If I file a Restricted Report, it shall not be construed as imputing actual or constructive knowledge of an alleged incident of sexual assault to the Department of Defense for any purpose.

F. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH MAY BE INVESTIGATED *(Please initial)*

I understand that:

_____ (1) Law enforcement (military or civilian, depending on jurisdictional issues) will be notified. In addition, my commander, or DoD civilian employee equivalent or Director of a DoD office (e.g., Director of the Sexual Assault Prevention and Response Office), will be notified of my sexual assault report.

_____ (2) By electing to make an Unrestricted Report, I may not subsequently switch my election to a Restricted reporting.

G. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED *(Please initial)*

I understand that:

_____ (1) I may confidentially report my sexual assault to a SARC or SAPR VA in the SAPR Program through this form. Confidential disclosure of the sexual assault to a Union Representative or other entity cannot be construed as a Restricted Report in the SAPR Program.

_____ (2) Disclosure of my report may still be required as a Safety Exception to Restricted Reporting when deemed necessary to prevent or mitigate a serious and imminent safety threat to the employee submitting the report or to another person.

_____ (3) Unless the Safety Exception applies, I understand that my Restricted Report shall:

NOT be disclosed to my commander, or DoD civilian employee equivalent or Director of a DoD office; and

NOT cause the initiation of a Federal civil or criminal investigation.

_____ (4) I understand that state laws, local laws, or international agreements may limit some or all of DoD's Restricted Reporting protections.

_____ In the *(city or county / state)* of _____, civilian medical authorities must report the sexual assault when a victim reports or undergoes a sexual assault forensic examination *(which includes both medical forensic care and a collection of samples which may be used as evidence)*.

_____ (5) I understand that if I want to file a Civilian Protective Order *(or Military Protective Order, if applicable)*, and I give a victim statement to law enforcement, I will not be able to file a Restricted Report.

_____ (6) I understand that I may change my Restricted Report to an Unrestricted Report, at any time. However, delays in changing my report from Restricted to Unrestricted could impact the investigation and judicial process, as applicable.

2. CHOOSE A REPORTING OPTION *(Initial either A. or B.)*

_____ **A. I elect Unrestricted Reporting.** I understand that law enforcement *(military or civilian, depending on jurisdictional issues)* and my commander, or DoD civilian employee equivalent or Director of a DoD office *(e.g., Director of the Sexual Assault Prevention and Response Office)*, will be notified of my sexual assault report.

Name of commander or civilian office Director	Phone & email

B. I elect Restricted Reporting. I understand that by making a Restricted Report: 1) my report will not result in the initiation of an investigation, 2) military or civilian management officials and law enforcement or other authorities will not be notified, unless disclosure of my Restricted Report is necessary to prevent or mitigate harm or prevent a serious or imminent threat to me or another person, and 3) at any time after making a Restricted Report, I can convert it to an Unrestricted Report.

3. SIGNATURE BLOCKS FOR VICTIMS AND SARCS

Victim's Signature _____

SARC Signature _____

- Victim provided a copy of the DD Form 2910-8 and informed that they should keep the form in their personal records, as this form may be used in other matters before other agencies or for other lawful purposes.
- Victim requested assistance in obtaining a copy of the report from the sexual assault forensic examination.

For SARCs only: Document retention guidance

- Unrestricted or Restricted Report to a Service/NG SARC involving a Service Member (at the time of the offense) as a suspect: These cases would be opened in DSAID, the 2910-8 would have a DSAID Control Number, and the DD Form 2910-8 would be uploaded into DSAID (when the upload capability is operational).
- Unrestricted or Restricted Report to a Service/NG SARC involving a civilian (at the time of the offense) as a suspect: These cases would NOT be opened in DSAID (the DSAID SORN doesn't cover these cases). The DD Form 2910-8 will be retained according to Service and NG regulations for document retention.
- Unrestricted or Restricted Report to a Service/NG SARC involving an unidentified suspect or a suspect where the victim doesn't know if they are a civilian or a Service member: These cases would NOT be opened in DSAID (the DSAID SORN doesn't cover these cases). The DD Form 2910-8 will be retained according to Service and NG regulations for document retention.

4. SIGNATURE BLOCK FOR VICTIM CONVERTING FROM RESTRICTED TO UNRESTRICTED REPORTING

Victim's Signature _____

I previously submitted a CATCH Entry with my Restricted Report _____ (SARCs: *Update the CATCH website with conversion*)

(Optional) My reason for converting my Restricted Report to an Unrestricted Reporting is: _____

5. Information On The Catch A Serial Offender (CATCH) Program

A. Was the suspect a Service member at the time of the offense?

- If yes: You are eligible to submit an entry, please fill out the information below.**
- If no: You are NOT eligible to submit a CATCH entry, at the present time.**
- If the suspect is unknown or unidentified, or if you do not know whether the suspect is a Service member: You are NOT eligible to submit a CATCH entry, at the present time.**

B. I have been informed about the CATCH Program and elect:

- To participate in the CATCH Program.
- Not to participate in the CATCH Program.

C. I have been informed that additional information on the CATCH program can be found at www.SAPR.mil/CATCH

D. As a participant in the CATCH Program, I agree to provide the following contact information:

Phone/Email: _____ Phone/Email: _____

E. Type of sexual assault report filed:

- I filed a Restricted Report DSAID Control Number. _____
- I filed an Unrestricted Report, but law enforcement does not know the name of the suspect;
DSAID Control Number: _____
Corresponding MCIO case number (if available in DSAID): _____

6. Notification of victim after a "MATCH" in the Catch a Serial Offender (CATCH) system:

A. I originally filed a Restricted Report, after a "MATCH" in the CATCH database, I have decided to:

- Convert my report to an Unrestricted Report by re-signing this DD Form 2910
(Victim Initials) _____ (SARC Signature/date) _____
- Decline to convert to UR, but agreed to be contacted again if another "MATCH":
(SARC printed name) _____ (SARC Signature/date) _____
- Decline to convert to UR and also Opt Out of the CATCH program:
(SARC printed name) _____ (SARC Signature/date) _____

B. I originally filed an Unrestricted Report and after a "MATCH" in the CATCH database, I have decided to:

Participate in the investigation:

(Victim Initials) _____ (SARC Signature/date) _____

Decline to participate in the investigation, but agreed to be contacted again if another "MATCH":

(SARC printed name) _____ (SARC Signature/date) _____

Decline to participate in the investigation and also Opt Out of the CATCH program:

(SARC printed name) _____ (SARC Signature/date) _____

C. After a "MATCH" in the CATCH database, SARC unable to contact victim after these three attempts:

(SARC printed name) _____ (SARC Signature/date) _____

(SARC printed name) _____ (SARC Signature/date) _____

(SARC printed name) _____ (SARC Signature/date) _____

7. The victim requested a copy of their CATCH entry (unrelated to being notified of a "Match")

SARC Signature

Signature Date (YYYYMMDD)