

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

OMB No. 0704-0565
OMB approval expires
December 31, 2025

The public reporting burden for this collection of information, 0704-0567, is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@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. **Return form to**

**Department of Defense, Sexual Assault Prevention and Response Office,
4800 Mark Center Drive, Suite 07G21, Alexandria, VA 22350-8000**

or by email at whs.mc-alex.wso.mbx.SAPRO@mail.mil.

PRIVACY ACT STATEMENT

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

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

ROUTINE USE(S): Disclosure of records are generally permitted under 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended. Applicable Blanket Routine Use(s) are: Law Enforcement Routine Use, Congressional Inquiries Disclosure Routine Use, Disclosure to the Department of Justice for Litigation Routine Use, Disclosure of Information to the National Archives and Records Administration Routine Use, and Data Breach Remediation Routine Use. Additional routine uses may be found in the applicable System of Records Notice, DHRA 18, DoD Sexual Assault Prevention and Response Office Victim Assistance Data System at: <http://dpclid.defense.gov/Privacy/SORNsIndex/DOD-Component-Notices/OSDJS-Article-List/>

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

SECTION I - SAPRO INTAKE

(For Internal SAPRO use only)

1. DATE (YYYYMMDD)	2. WOULD YOU LIKE DOD SAPRO TO FOLLOW UP WITH YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. NAME (Last, First, Middle Initial)		4. RELATIONSHIP TO VICTIM/SURVIVOR	
5. PREFER FOLLOW-UP BY: <input type="checkbox"/> EMAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> EITHER			
a. E-MAIL ADDRESS		b. TELEPHONE NUMBER (Include Area Code)	c. OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. BEST TIME TO FOLLOW UP: <input type="checkbox"/> N/A <input type="checkbox"/> During working hours <input type="checkbox"/> After working hours Between _____ and _____ EST			
6. VICTIM / SURVIVOR INFORMATION: <input type="checkbox"/> N/A			
a. NAME (if different from above)	FIRST:		LAST:
b. SERVICE AFFILIATION <input type="checkbox"/> Air Force <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army <input type="checkbox"/> Army National Guard <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy		c. SERVICE STATUS <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> Discharged <input type="checkbox"/> Retired <input type="checkbox"/> Dependent <input type="checkbox"/> Other: _____	d. RANK <input type="checkbox"/> N/A
7. INCIDENT INFORMATION			
a. DATE OF INCIDENT (YYYYMMDD)	b. WAS IT REPORTED TO MILITARY PERSONNEL AND CIVILIAN LAW ENFORCEMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No		c. YEAR REPORTED
8. INQUIRY RELATED TO PROVIDING INFORMATION ABOUT:			
a. CATEGORY (You may choose more than one.)			
<input type="checkbox"/> General Complaint	<input type="checkbox"/> Feedback of SAPR Personnel	<input type="checkbox"/> General Information Request	<input type="checkbox"/> Raising a Policy Issue
<input type="checkbox"/> Regarding Retaliation	<input type="checkbox"/> Request for Referral to Service	<input type="checkbox"/> Report of Sexual Assault	<input type="checkbox"/> Regarding Misconduct
<input type="checkbox"/> Prevention			

b. COMMENTS

9. DO YOU GIVE SAPRO PERMISSION TO FORWARD THIS FORM TO THE APPROPRIATE SERVICE OR AGENCY FOR FURTHER ACTION IF DEEMED NECESSARY?

Yes No I would like to talk to someone first.

SECTION II - RESPONSE
(For Internal SAPRO use only)

10. NAME OF STAFF RESPONDING TO INQUIRY

11. HOW WAS INQUIRY RECEIVED?

Safe Helpline Telephone Call SAPRO Website Email Letter Other: _____

12. SUMMARY OF INQUIRY

13. a. INQUIRY REFERRED TO: *(Agency and POC)*

b. DATE *(YYYYMMDD)*

14. AGENCY FEEDBACK

15. DATE ACTION CLOSED *(YYYYMMDD)*