

DOMESTIC ABUSE VICTIM REPORTING OPTION STATEMENT
(Please read Privacy Act Statement before completing this form.)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness and DoD Instruction 6400.06, DoD Coordinated Community Response to Domestic Abuse Involving DoD Military and Certain Affiliated Personnel

PRINCIPAL PURPOSE(S): Information on this form documents your decision of whether to file a restricted or unrestricted report of domestic abuse. This document is filed in accordance with the appropriate OSD and Military Department Family Advocacy Program System of Records Notice (SORN). The SORNs are:

Air Force: http://dpclo.defense.gov/privacy/SORNs/component/airforce/F044_AF_SG_Q.html;

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/N01752-1.html>;

Army: http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-18_DASG.html

DHRA: <http://dpclo.defense.gov/Privacy/SORNsIndex/tabid/5915/Article/6841/dhra-06-dod.aspx>

ROUTINE USES: There are no specific routine uses anticipated for this form; however it may be subject to a number of proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above.

1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE DOMESTIC ABUSE VICTIM ADVOCATE or THE FAP CLINICAL PROVIDER

I, _____ had the opportunity to talk with a: Domestic Abuse Victim Advocate (DAVA),
 DAVA Supervisor, FAP Clinical Provider, or Healthcare Provider (HCP) (Specify) _____
, before selecting a reporting option.

2. I have been provided the following information on the reporting options and initial below to indicate my understanding of the terms of that selection.

2a. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH IS INVESTIGATED

INITIALS I understand that law enforcement and command will be notified that I am a victim of domestic abuse and an investigation will be started. I understand that I can receive medical treatment, advocacy services, and counseling. The full range of victim protection actions may be available to me, such as being separated from the alleged abuser, obtaining a military protection order and/or obtaining a civil protection order.

2b. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED

INITIALS a. I understand that there are exceptions to "Restricted Reporting" (listed below). If an exception applies, limited or full details of the abuse I report may be disclosed to satisfy the exception.

INITIALS b. I understand that I can confidentially receive medical treatment, advocacy services counseling, and Special Victim's Counsel or Victims Legal Counsel (SVC/VLC), but law enforcement and command will NOT be notified. My report will NOT trigger an investigation; therefore, no action will be taken against the abuser as the result of my report.

INITIALS c. I understand that all state laws, local laws or international agreements that may limit some or all of DoD's restricted reporting protections have been explained to me. In _____, medical authorities must report the domestic abuse to

INITIALS d. I understand that the DAVA, FAP clinical provider, or their supervisor will provide information that does not reveal my identity, nor that of my alleged abuser, to the responsible senior commander. The purpose of this information is required for public safety, providing command information on the types of domestic abuse in their command and to enhance command's ability to provide a safe environment.

INITIALS e. I understand that by choosing "Restricted Reporting," the full range of victim protection actions may not be available, such as being separated from or obtaining a military protective order against the alleged abuser.

INITIALS f. I understand that if I talk about my abuse to anyone other than designees under the "Restricted Reporting" option (DAVA, DAVA supervisor, FAP clinical provider, or Health Care Provider), it may be reported to my command and law enforcement which could lead to an investigation. I understand that I may also confide in a Sexual Assault Response Coordinator, sexual assault victim advocates, Military One Source Provider and/or Military Family Life Counselor and still preserve the option of a restricted report.

INITIALS g. I understand that I may change my mind and later decide to report this abuse incident as an "Unrestricted Report," and law enforcement and the command will be notified. I also understand that delayed reporting may limit the ability to prosecute the alleged abuser. I understand that if the case goes to court, my DAVA, FAP clinical provider, and others providing care may be called to testify about any information I shared with them.

3. I have been advised of the following reasons as Exceptions on "Restricted Reporting", including: (Include all from the list)

EXCEPTIONS TO "RESTRICTED REPORTING"

In cases in which a victim elects restricted reporting, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure would be for the following reasons:

1. Named individuals where disclosure is authorized by the victim in writing.
2. Command or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person, including dependent children.
3. FAP personnel or HCP when reporting information of the incident to command and/or law enforcement is necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person, including dependent children.
4. FAP and any other agencies authorized by law to receive reports of child abuse or neglect when, as a result of the victim's disclosure, the DAVA, FAP clinical provider, or HCP has a reasonable belief that child abuse has also occurred. However, disclosure will be limited only to information related to the child abuse/neg.
5. Disability Retirement Boards and officials when disclosure by an HCP is required for fitness for duty for disability retirement determinations. Disclosure will be limited to only that information which is necessary to process the disability retirement determination.
6. Supervisors of the DAVA, FAP clinical provider, or HCP when disclosure is required for the supervision of direct victim treatment or services. There may be implications for sharing an incident of abuse and not making an election. Making an election gives me some control over who is made aware of my report of abuse. FAP staff take all measures to respect my election, but must first prioritize my safety.
7. Military or civilian courts of competent jurisdiction when a military, Federal or State judge issues a subpoena for the covered communications to be presented to the court, to officials or entities when the judge orders such disclosure; or to other officials or entities when required by Federal or State statute or applicable U.S. international agreement.
8. Restricted Reporting DOES NOT apply to cases of child abuse or neglect. ALL child abuse is reportable and when child abuse occurs as part of a domestic abuse incident, restricted reporting may be compromised.

4. I have been informed about services that may be available to me, to include:

INITIALS	a. Availability of SVC/VLC who can provide me with legal advocacy and representation, if applicable and eligible.
INITIALS	b. (For Active Duty (AD) Expedited Transfer) Reassignment/relocation options, through a separate administrative/command process, may allow me to transfer/relocate for the purpose of safety and recovery/healing. (Expedited Transfer is NOT available for restricted reports.)
INITIALS	c. (For AD Personnel) If I experience retaliation from supervisors or peers within my unit after reporting domestic abuse, I can report to my victim advocate or FAP clinical provider. If I filed an unrestricted report, I can also report to SVC/VLCs, my commander/leadership, law enforcement, Victim Witness Assistance Program, EO personnel, or the Inspector General.
INITIALS	d. (For Civilian Victims) If I experience retaliation from supervisors or peers of my active duty abuser after reporting domestic abuse, I can report to my victim advocate or FAP clinical provider. If I filed an unrestricted report, I can also report to the Service member's command/leadership, SVC/VLCs, law enforcement, Victim Witness Assistance Program, EO personnel or the Inspector General.
INITIALS	e. (For AD Personnel) I have been advised that I may be eligible for Department of Veterans Affairs services and information is available at https://www.mentalhealth.va.gov/msthome.asp
	f. If reporting Sexual Abuse, I have been informed about:
INITIALS	(1) Availability of a Sexual Assault Forensic Examination (SAFE), if appropriate, and that both medical and personal property (clothing) may be collected for evidence. I may request the return of my property at any time; however, that may compromise the processing of evidence if I convert to an unrestricted report.
INITIALS	(2) Evidence collected from my SAFE will be stored for 20 years from the date it is collected or when the DD Form 2967 is signed, if the SAFE was conducted at a Military Treatment Facility. Evidence collected by a civilian medical facility will be stored per established memorandum of understanding with DoD or per state or local laws. Personal property may be returned earlier than 20 years. See DoDI 5505.18 (January 2019).
INITIALS	(3) My personal information and information of the alleged abuser will be entered into DSAID for all unrestricted 'official reports' of sexual abuse for the purposes of using non-identifying information for data analysis and reporting. An official report requires a signed DD form 2967 or that I provide a statement of the incident to law enforcement. Information will be retained in DSAID for 50 years.
INITIALS	(4) The CATCH program, which allows me to voluntarily provide information about the alleged abuser, who may be a serial sex abuser, without identifying myself. <input type="checkbox"/> I elect to participate in CATCH <input type="checkbox"/> I elect NOT to participate in CATCH
INITIALS	(5) (For AD Personnel) Emotional support and documentation, per Service policy, of reported harassment and/or retaliation as a result of reporting sexual abuse.

5. CHOOSE A REPORTING OPTION (Initial your selection)

There may be implications for sharing an incident of abuse and not making an election. Making an election gives me some control over who is made aware of my report of abuse. FAP staff take all measures to respect my election, but must first prioritize my safety.

INITIALS	a. Unrestricted Report. I elect Unrestricted Reporting and have decided to report that I am a victim of domestic abuse to command, law enforcement, or other military authorities for investigation of this crime.
INITIALS	b. Restricted Report. I elect Restricted Reporting and have decided to confidentially report that I am a victim of domestic abuse. The command will NOT be provided with information about my identity. Law enforcement or other military authorities will NOT be notified unless one of the exceptions applies. I understand the information I provide will NOT start an investigation or be used to hold the alleged abuser accountable.

6. RESTRICTED REPORT CASE NUMBER (If applicable)

7a. PRINTED NAME OF PROVIDER	7b. SIGNATURE OF PROVIDER	7c. DATE (YYYYMMDD)
7d. PRINTED NAME OF SUPERVISOR (If Required)	7e. SIGNATURE OF SUPERVISOR (If Required)	7f. DATE (YYYYMMDD)

8. I have reconsidered my previous election of a "Restricted Report" and I would like to make an "Unrestricted Report" of domestic abuse to command and law enforcement in order to initiate a possible investigation.

8a. PRINTED NAME OF PROVIDER	8b. SIGNATURE OF PROVIDER	8c. DATE (YYYYMMDD)
8d. PRINTED NAME OF SUPERVISOR (If Required)	8e. SIGNATURE OF SUPERVISOR (If Required)	8f. DATE (YYYYMMDD)

DO NOT COMPLETE THIS PAGE UNLESS A REPORT OF RETALIATION IS APPLICABLE

UR DSAID Case # _____

RETALIATION CASE NUMBER _____

1. Retaliation Reporting Process Discussed with FAP or DAVA:

I, (Full Name) _____, DoD Identification Number (for personnel with Common Access Cards only) _____
 and/or Social Security Number (not required if DoD Identification Number is provided) _____ met with a DAVA or a FAP clinical provider to discuss
 retaliation experienced by me.

INITIALS

- (1) The FAP clinical provider or DAVA discussed available resources with me to report instances of retaliation, reprisal, ostracism, or maltreatment, and, if I am interested and eligible, the process to request an Expedited Transfer.
- (2) The FAP clinical provider/DAVA has informed me of available support services, to include mental health providers, and chaplain resources.
- (3) The FAP clinical provider or DAVA explained that I can consult with a Special Victims' Counsel (SVC), Victims' Legal Counsel (VLC), or a legal assistance attorney, if I am eligible for one, before deciding to file this report of retaliation. I understand that the SVC/VLC may discuss the legal definition of retaliation, available reporting options, and the investigative and military justice processes involved.
- (4) The FAP clinical provider or DAVA explained that I can go to an Inspector General at any time during the process to discuss and report retaliation.
- (5) If I am a service member and if I report retaliation because I am being processed for an administrative separation within one year of the final disposition of the victim's sexual assault case, the FAP clinical provider or DAVA explained that I may request that the appropriate General or Flag Officer (G/FO) in my chain of command review the separation. [In accordance with 24 Jan 2018, P&R Memo, "Execution of the Department of Defense Retaliation Prevention and Response Strategy Implementation Plan-Sexual Assault" [hereafter 24 January 2018 P&R Retaliation Memo]].
- (6) If I am a Service member and I believe that there were impacts to my military career because I reported retaliation, the FAP clinical provider or DAVA explained that I have the right to discuss those career impacts with a G/FO. [In accordance with 24 January 2018 P&R Retaliation Memo].

2. DESIGNATION OF PERSON REPORTING RETALIATION: I am the (please indicate below)

INITIALS

- (1) Adult Sexual Assault Victim, who has previously made an unrestricted report of sexual assault _____
- (2) Adult Sexual Assault Victim's adult family member, please specify the relationship to the sexual assault victim (i.e., spouse, son, daughter, etc.): _____
- (3) Witness _____
- (4) Bystander (who intervened) _____
- (5) FAP clinical provider on this case _____
- (6) DAVA on this case _____
- (7) Responder, please specify the type of responder: _____
- (8) Other party to the incident, please specify (i.e., friend, co-worker, etc.): _____

3. SIGNATURE OF RETALIATION REPORTER

DATE (YYYYMMDD)

COVID RESPONSE

4. SIGNATURE OF FAP CLINICAL PROVIDER OR DAVA and Print Name

DATE (YYYYMMDD)

COVID NOTES

5. FAP INSTALLATION AND CONTACT INFORMATION: