

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
VICTIM REPORTING PREFERENCE STATEMENT

Report Control Number
RCN – 1754.10D

PRIVACY ACT STATEMENT

AUTHORITY: Section 301 of Title 5, United States Code and Chapter 55 of Title 10, United States Code.
PRINCIPAL PURPOSE(S): Information on this form will be used to document elements of the sexual assault response and/or reporting process and comply with the procedures set up to effectively manage the sexual assault prevention and response program.
ROUTINE USE(S): None.
DISCLOSURE: Completion of this form is voluntary; however, failure to complete this form with the information requested impedes the effective management of care and support required by the procedures of the sexual assault prevention and response program.

1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE EAPC/SARC, FAS, HCP, OR VA

a. I, (Full name), _____ had the opportunity to have this form explained by an Employee Assistance Program Coordinator (EAPC)/ Sexual Assault Response Coordinator (SARC), Family Advocacy Specialist (FAS), Health Care Provider (HCP), or Victim Advocate (VA) before selecting a reporting option.

b. UNRESTRICTED REPORTING - REPORTING A CRIME TO COMMAND AND LAW ENFORCEMENT.

INITIALS	(1) I understand that law enforcement and my command will be notified that I am a victim of sexual assault and an investigation will be started. I understand I can receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic examination to collect evidence if indicated. The full range of victim protection actions may be available to me, such as being separated from the accused or receiving a Military Protective Order against the accused. Any misconduct on my part may be punished, but at the discretion of the commander may be delayed until after the sexual assault charge is resolved.
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c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING CRIME ONLY TO EAPC/SARC, FAS, HCP OR VA.

	(2) I understand that if I talk about my sexual assault to anyone other than those under the "Restricted Reporting" option (EAPC/SARC, FAS, VA, HCP) it may be reported to my command and law enforcement. (Note: As Chaplains have privilege they may also have knowledge of assault.)
	(3) I understand that there are exceptions to Restricted Reporting (see page 2). If an exception applies, limited details of my assault may be revealed to satisfy the exception.
	(4) I understand that if I have not made an Unrestricted Report within 1 year of any evidence collected, it may be destroyed and no longer available for any future investigation or prosecution efforts.
	(5) I understand that all state laws, local laws or international agreements that may limit some or all of the Coast Guard's restricted reporting protections have been explained to me. In _____, medical authorities must report the sexual assault to _____.
	(6) I understand that the EAPC/SARC will meet periodically with the responsible Commanding Officer (CO) to provide information about the assaults within the AOR. I understand that the information shared will not reveal my identity, or that of my offender. The purpose of this discussion is to enable the CO to provide informational advisories or other warnings to members, and alert appropriate individuals regarding preventable risks. This information is required for the purposes of public safety and command responsibility.
	(7) I understand that by choosing Restricted Reporting, the full range of victim protection actions will not be available, including the use of a Military Protective Order against the accused. I also understand that unless my Command is aware of the reported assault, there may be little that can be done to ensure reasonable protection from the accused.
	(8) I understand that I may change my mind and report this offense at a later time as an Unrestricted Report, and law enforcement and my command will be notified. Delayed reporting may limit the ability to prosecute the accused. If the case goes to court, my VA and others providing care may be called to testify about any information I shared with them.
	(9) I understand that if I do not choose a reporting option at this time, my commander and investigators will be notified, and this report will be Unrestricted.

2. CHOOSE A REPORTING OPTION (Initial):

	a. Unrestricted Report. I elect Unrestricted Reporting and have decided to report that I am a victim of sexual assault to my command, law enforcement, or other military authorities for investigation of this crime.
	b. Restricted Report. I elect Restricted Reporting (if criteria has been met) and have decided to confidentially report that I am a victim of sexual assault. My 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 on page 2 of this form applies. I understand the information I provide will NOT start an investigation or be used to punish the accused.

3. INCIDENT NUMBER (assigned by Work-Life Information Management System, or if unavailable, assigned by SARC using first three letters of Work Life Office, the four digit year, two digits for month, two digits for day, and two digit initials of SARC with spaces between – e.g., "CGA 2011 08 12 PD" for the Coast Guard Academy on August 12, 2011 with SARC initials):

4.a. SIGNATURE OF VICTIM	b. DATE (MM/DD/YY)
4.b. SIGNATURE OF PERSON WHO EXPLAINED VICTIM'S OPTIONS (Print name and Sign)	b. DATE (MM/DD/YY)

5. I have reconsidered my previous selection of Restricted Reporting, and I would like to make an Unrestricted Report of my sexual assault to authorities for a possible investigation.

a. SIGNATURE OF VICTIM

b. DATE (MM/DD/YY)

b. SIGNATURE OF PERSON WHO EXPLAINED VICTIM'S OPTIONS (Print name and Sign)

b. DATE (MM/DD/YY)

EXCEPTIONS TO RESTRICTED REPORTING

In cases in which members elect restricted reporting, disclosure of covered communications is authorized to the following persons or organizations when disclosure would be for the following reasons:

1. Command officials or law enforcement when the victim agrees to Unrestricted Reporting by signing block 5a above.
2. Command officials or law enforcement to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.
3. Disability Retirement Boards and officials when required for fitness for duty for disability retirement determinations. Disclosure is limited to only that information necessary to process the disability retirement determination.
4. EAPCs/SARCs, FASs, VAs, or HCPs when required for supervision of victim services.
5. Military or civilian courts when ordered, or if disclosure is required by Federal or state statute. EAPCs/SARCs, FASs, VAs, and HCPs will first consult with the servicing legal office to determine whether the criteria of any of the above exceptions apply, and whether they have a duty to comply by disclosing the information.

VICTIM'S RIGHTS*

1. The right to be reasonably protected from the accused.
2. The right to reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused.
3. The right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding.
4. The right to be reasonably heard at any public proceeding in the district court involving release, plea, [or] sentencing, or any parole proceeding.
5. The reasonable right to confer with the attorney for the Government in the case.
6. The right to full and timely restitution as provided in law.
7. The right to proceedings free from unreasonable delay.
8. The right to be treated with fairness and with respect for the victim's dignity and privacy.

*Under federal law [18 U.S.C. 3771(a)]