DEPARTMENT OF HOMELAND SECURITY

U.S. Coast Guard

Report Control Number

RCN-1754.10E

VICTIM REPORTING PREFERENCE STATEMENT

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 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 (SAPR) Program. At the local level, the Sexual Assault Response Coordinators (SARCs) use information to ensure that victims are aware of services available and have contact with medical treatment personnel and law enforcement entities. Only de-identified data is used to respond to mandated congressional reporting requirements. The Department of Defense (DoD) Sexual Assault Prevention and Response Office and Coast Guard SAPR Program have access to identified closed case information and de-identified, aggregate open case information for congressional reporting, study, research, and analysis purposes. Collected information is covered by http://www.gpo.gov/fdsys/pkg/FR-2011-05-03/pdf/2011-10719.pdf.

ROUTINE USE(S): USCG SAPR personnel will use this information to determine the preference of a victim of sexual assault regarding his/her reporting options. Any external data disclosures within this record will be made in accordance with Systems of Records Notice DHS/USCG 002 Employee Assistance Program Records System of Records, Federal Register Volume 79, Number 241, pages 74736-74739 (Tuesday, December 16, 2014).

DISCLOSURE: Completion of this form is 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 (SAPR) Program. You will not be denied advocacy services or healthcare (medical and mental health) because you selected the Restricted Reporting option. The Social Security Number (SSN) is one of several unique personal identifiers that may be provided. This form will be retained for 50 years.

1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE SARC, VA, or HCP	**CASE NUMBER:**

a. I, *(full name)* _____ *(Social Security Number)* _____ had the opportunity to talk with a Sexual Assault Response Coordinator (SARC), Victim Advocate (VA), or Healthcare Provider (HCP) before electing a reporting option.

INITIALS	
	(1) The SARC, VA, or HCP has explained to me the services, protective orders, and reporting options that are available to me.
	(2) The SARC, VA, or HCP explained to me that if my case is prosecuted in a civilian jurisdiction there will be different procedures in place, e.g., Sexual Assault Forensic Examination (SAFE) kit retention.
	(3) Please initial here if this sexual assault occurred PRIOR TO ENTRY into military service (includes both as a child or adult).
b. UNRESTRICTED REPORTING - REPORTING A CRIME TO COMMAND AND LAW ENFORCEMENT	
	(1) I understand that law enforcement and my command will be notified that I am a victim of sexual assault. An investigation into the crime will be started by the Coast Guard Investigative Service (CGIS) or the appropriate civilian law enforcement. I can receive medical treatment, support services, and counseling. I can also choose to have a Sexual Assault Forensic Examination (SAFE) if indicated.
	(2) In accordance with COMDTINST M1000.8 (series), as a service member, I understand that (through a separate request) I may request an Expedited Transfer (temporary or permanent) from my installation or to a different location within my installation.
	(3) Depending on the facts of my case, I may request a Military Protective Order (MPO). If a written and/or verbal MPO is issued against a service member, my commander will provide me with a copy of the Form CG-6070.
	(4) I also have the option of requesting a Civilian Protective Order (CPO) from civilian courts.
	(5) If the crime is prosecuted under the Uniform Code of Military Justice (UCMJ), any communication with my SARC or VA is confidential under the Victim-Victim Advocate Privilege unless an exception applies.
c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME ONLY TO SARC, VA, OR HCP	
	(1) I understand that I may confidentially receive medical treatment, advocacy services, legal services, and counseling. I may also choose to have a Sexual Assault Forensic Examination (SAFE), if indicated. Law enforcement and my command will NOT be notified. My report will NOT cause an investigation of the crime. No action will be taken against the offender(s) as the result of my report.
	(2) I understand that there are exceptions to Restricted Reporting (see Page 2) and they have been explained to me. If an exception applies, the details of my assault may be disclosed.
	(3) I understand that the evidence collected from my SAFE will be stored for 5 years from the date I sign this form, if the SAFE was conducted at a Military Treatment Facility.
	(4) All state laws, local laws, or international agreements that may limit some or all of Coast Guard's Restricted Reporting protections have been explained to me. In the (state, city/county) of _____, medical authorities must report the sexual assault to _____.
	(5) I understand that the SARC will provide information that does not reveal my identity, nor that of my alleged offender, to the base or sector Commanding Officer. Commanding Officers require this information for public safety and other responsibilities.
	(6) I understand that certain protective actions, such as a Military Protective Order and/or a Civilian Protective Order against the alleged offender, an Expedited Transfer and my victim's rights, will NOT be available to me if a choose Restricted Reporting.
	(7) I understand that speaking to others about my sexual assault may result in the crime being reported to my command and law enforcement if those persons are not authorized to accept Restricted Reports as set forth in COMDTINST M1754.10 (series). Communications with chaplains and lawyers may be protected to the extent authorized by law.
	(8) I understand that I may change my Restricted Report to an Unrestricted Report, and law enforcement and my command will be notified. However, delays in changing the report from Restricted to Unrestricted may affect the amount of evidence gathered by an investigation and may impact the ability to hold offender(s) appropriately accountable.
d. OTHER IMPORTANT CONSIDERATIONS FOR UNRESTRICTED AND RESTRICTED REPORTS	
	(1) I understand that if I do not choose a reporting option right now or if I refuse to sign this form, the SARC or VA has no obligation to inform investigators or commanders about my sexual assault. The SARC or VA may only disclose information about our conversation according to the exceptions to the Victim-Victim Advocate privilege.
	(2) I understand that I have the right to decline any or all SAPR services. I may also ask for a different VA if one is available.

	(3) I have been advised to keep a signed and dated copy of this form for my records. This form may be used in other matters before other agencies (e.g., Department of Veterans Affairs) or for other lawful purposes. **Restricted Reports**: By signing this form I am giving consent that for Restricted Reports, this form will be retained for 50 years, as required by law. For Restricted Reports, the law requires that this form is retained in a manner that protects confidentiality. **Unrestricted Reports**: By signing this form I am giving consent that for Unrestricted Reports this form will be stored electronically in DSAID for 50 years. For Unrestricted Reports, access to it will be limited to persons with an official need to know.
	(4) I understand that I cannot request an Expedited Transfer, a Military Protective Order, or a Civilian Protective Order through this form.
	(5) I understand that I am eligible for a Special Victims Counsel (SVC), who will be my attorney and not the government's attorney, and who will provide me with legal advice and representation.
	(6) I understand that if I experience coercion, retaliation, reprisal, or ostracism from my superiors or peers, I can report it to the SARC, SVC, my commander, or CGIS.
2. CHOOSE A REPORTING OPTION *(Initial)*:	
	a. I elect Unrestricted Reporting. I 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. I elect Restricted Reporting. I have decided to confidentially report that I am a victim of sexual assault. 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 offender(s) appropriately accountable. I understand that I can convert to Unrestricted Reporting at any time.

3a. SIGNATURE OF VICTIM		3b. DATE *(mm/dd/yyyy)*
3c. SIGNATURE OF SARC/VA/HCP *(Print name & Sign)*		3d. DATE *(mm/dd/yyyy)*
4. I have reconsidered my previous selection of Restricted Reporting and am now choosing to make an Unrestricted Report.		
4a. SIGNATURE OF VICTIM		4b. DATE *(mm/dd/yyyy)*
4c. SIGNATURE OF SARC/VA/HCP *(Print name & Sign)*		4d. DATE *(mm/dd/yyyy)*

EXCEPTIONS TO RESTRICTED REPORTING

There are exceptions to Restricted Reporting. This means that sometimes circumstances require that your Restricted Report of sexual assault must be disclosed. The following persons or organizations may be told about your sexual assault report for the following reasons:

1. Command officials or law enforcement when you provide written authorization.
2. Command officials or law enforcement to prevent or lessen a serious and imminent threat. This may be a threat to the health or safety of you or another person. Multiple reports involving the same alleged suspect may also meet this criteria.
3. Disability Evaluation Boards, Medical Evaluation Boards, and the officials participating in the boards. The report may be disclosed to these parties when it is required for fitness for duty or disability retirement determinations. Disclosure is limited to only that information necessary to make a determination for disability processing.
4. SARC, VA, or healthcare personnel when required for the direct supervision of victim services.
5. Military or civilian courts when ordered, or if disclosure is required by Federal or state statute.

Before disclosing any information, SARCs, VAs, and healthcare personnel will first consult with the servicing legal office. The legal office will determine if any of the above exceptions apply, if there is a duty to disclose the information, and who will make the disclosure required. The exceptions to Restricted Reporting have been explained to me. [insert box] Initial.

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)]

INITIALS	
	6. VICTIM CONSENTED TO TRANSFER OF (RR/UR) CASE DOCUMENTS TO ANOTHER SARC: *(Complete as applicable and initial)*

6a. DATE *(mm/dd/yyyy):*	6b. LOCATION OF TRANSFER: