

# SEXUAL ASSAULT INCIDENT REPORT

**U.S. DEPARTMENT OF  
HOMELAND SECURITY  
U.S. COAST GUARD  
CG-XXXX (Rev. 08-14)**

The Sexual Assault Incident Report shall be completed by the victim's command within 72 hours of an unrestricted report of sexual assault. This form shall be submitted via email to the first O-6 in the victim's chain of command and also to the first flag officer in the victim's chain of command. In the event that notification cannot be completed within 72 hours, the submitting command shall send an email update stating the circumstances of delay.  
All commands must also submit a copy via e-mail to their Sexual Assault Response Coordinator (SARC).

**NOTE:** If a victim has disclosed a sexual assault to anyone other than those specified to receive restricted reports (SARC, Victim Advocate (VA), or a Coast Guard/DoD Health Care Provider (HCP)), the report **MUST** be unrestricted.

### Privacy Act Statement

- ❖ **Authority:** National Defense Authorization Act for Fiscal Year 2014, Section 1743.
- ❖ **Purpose:** To provide initial notification(s) of a sexual assault incident, document actions taken or in progress, provide necessary care and support to the victim, and to refer the allegation of sexual assault to the appropriate investigatory agency.
- ❖ **Routine Uses:** Authorized USCG personnel will use this information to administer the U.S. Coast Guard Sexual Assault Prevention and Response Program. Any external disclosures of data within this record will be made in accordance with DHS/USCG-002, Employee Assistance Program Records, 76 Federal Register (FR) 24902, May 3, 2011.
- ❖ **Disclosure:** Furnishing this information is voluntary; however, failure to furnish this information may delay appropriate care or services.

### Submitting Authority – Victim's Command

1. Unit Name		2. DEPT ID (xxxxxx)			3. Date incident reported to Command (mm/dd/yyyy)	
4. Victim's Commanding Officer/Officer in Charge (OIC)						
Last Name		First Name	MI	E-mail	Phone Number	
5. SARC POC						
Last Name		First Name	MI	E-mail	Phone Number	
6. Who made the notification to the SARC?		Other			7. Date incident reported to the SARC	

### Commander's Responsibilities

8. Date incident reported to CGIS (mm/dd/yyyy)		9. Military Protective Order (MPO) issued (CG-6070)			Y	N	N/A	10. If issued, date of MPO (mm/dd/yyyy)	
11. Date victim was provided a copy of the MPO (mm/dd/yyyy)		12. Date victim informed of right to request expedited transfer (mm/dd/yyyy)			13. As of this date, did the victim request an expedited transfer?				
14. Was request approved or disapproved within 72 hours?		If no, why?							

15. Date first O-6 or above in victim's chain of command was notified						
16. O-6 or above POC						
Last Name		First Name	MI	E-mail	Phone Number	

#### Victim Information:

17. Unit where victim was assigned at time of incident			18. DEPT ID (xxxxxx)			19. Check if same as submitting authority
20. Service affiliation	21. Rank	22. Rate (enlisted)	23. Age	24. Gender	25. Department/Division	
26. Date of entry into service (mm/dd/yyyy)		27. Date current tour began (mm/dd/yyyy)		28. Date informed of Victim Advocate (VA) (mm/dd/yyyy)		

#### Subject Information:

29. Unit where subject was assigned at time of incident			30. DEPT ID (xxxxxx)			31. Check if same as submitting authority
32. Service affiliation		33. If other than Coast Guard explain				
34. Rank	35. Rate (enlisted)	36. Age	37. Gender	38. Department/Division		
39. Date of entry into service (mm/dd/yyyy)		40. Date current tour began (mm/dd/yyyy)		41. As of this date was the subject removed from assigned Unit?		

**Subject Information (CONT):**

42. Subject's Commanding Officer/  
Officer in Charge (OIC)

Last Name	First Name	MI	E-mail	Phone Number
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43. Initial disposition authority POC

Last Name	First Name	MI	E-mail	Phone Number
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44. Date initial disposition authority was notified of the sexual assault (mm/dd/yyyy)

45. Pre-trial confinement Y N N/A

46. Date pre-trial confinement put into place (mm/dd/yyyy)

**SARC Responsibilities**

47. Date of incident (mm/dd/yyyy)

48. Location of incident

49. Date incident reported to command (mm/dd/yyyy)

50. Date VA assigned (mm/dd/yyyy)

51. Date case # assigned (mm/dd/yyyy)

52. Date victim was referred to medical (mm/dd/yyyy)

53. Date of Sexual Assault Medical Forensic Exam (SAFME), if conducted (mm/dd/yyyy)

54. Location where SAFME conducted

55. If SAMFE not conducted, why?

Other

56. Date the victim signed the Victim Reporting Preference Statement Form, CG-6095 (mm/dd/yyyy)

57. Date the victim was made aware of counseling and Chaplain services (mm/dd/yyyy)

58. Date the victim was offered Special Victim Counsel (SVC) services (mm/dd/yyyy)

59. Date the victim was briefed on and received local resources (CG-SUPRT, DoD Safe Helpline, etc) (mm/dd/yyyy)

**SAPR Crisis Intervention Team (SAPR CIT)**

The SAPR CIT shall engage in discussion to:

- (1) Review information that is not sensitive to the investigation, does not violate privilege, or fall outside a member's release authority, i.e. HIPPA, and engage in open dialogue;
- (2) Coordinate a timely response by developing an agreed upon course of action with respect to each member's corresponding roles;
- (3) Ensure the victim's interests, subject's rights, and investigative goals are top priorities;
- (4) Coordinate efforts and communicate, as appropriate, with the disposition authority; and
- (5) Assist the command in completing the Unit Commander's Sexual Assault Quick Reference Guide and a SA Incident Report in a timely manner.

60. Date the first SAPR CIT met or is scheduled to meet (mm/dd/yyyy)

**61. CGIS Agent Point of Contact:**

Last Name	First Name	MI	E-mail	Phone Number
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**62. CGIS Case Agent Point of Contact:**

Last Name	First Name	MI	E-mail	Phone Number
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**63. Servicing Legal Office Point of Contact:**

Last Name	First Name	MI	E-mail	Phone Number
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**64. Medical Representative Point of Contact:**

Last Name	First Name	MI	E-mail	Phone Number
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**Submitting Authority Signature**

Last Name	First Name	MI
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