



SAPR Program Victim Information – First Contact Form

Note to the Victim Advocate:

The following information should be collected by the Victim Advocate (VA) during the initial contact with the victim, and the original copy should be turned over to the SARC upon completion. The information provided will assist the SARC in meeting the required data elements for the DOD Defense Case Record Management System (DCRMS), or the SAPR Interim Reporting Solution worksheet until DCRMS becomes operational. After the information is entered into the database, the original form will be destroyed. The VA should not keep any personal record of this form or its contents.

This information should be collected in such a way as to prevent overwhelming and/or intimidating the victim. *The VA should gather these data only after addressing the victim's immediate safety concerns and needs, and after carefully explaining that these data are only being sought for tracking purposes. If a victim chooses not to disclose one of the data elements, the victim should not be pressured to provide an answer.* Emphasize to the victim that these data are only being sought for tracking purposes. The release of information will be limited to those personnel who would have a legitimate need to know under the Army SAPR Program policy guidelines.

Victim Advocate's Name: _____

Date VA Notified: ____/____/____

Time VA Notified: _____ (24 hour format)

Responsible SARC's Name: _____

SARC's Installation: _____

Date SARC Notified: ____/____/____

Time SARC Notified: _____ (24 hour format)

Did Victim Accept Services: ☐ Yes ☐ No ☐ Victim Not Authorized Service**Sexual Assault Cases Not Involving a Service Member:**

Is this a sexual assault case where neither the victim nor the offender is a service member (and this is not a Family Advocacy Program case)? ☐ Yes ☐ No

Victim Information:Victim Name _____ (Info not required for restricted)

Last

First

Middle

SSN: ____ - ____ - ____ (Info not required for restricted)DOB: ____/____/____ (mm/dd/yyyy) (Info not required for restricted)

Age: _____ (at time of assault)

Gender: ☐ Female ☐ Male

Phone number: (____) _____ Date of PCS/ETS/Graduation: _____

Current Marital Status:

- | | | |
|---|--|----------------------------------|
| <input type="checkbox"/> Dating | <input type="checkbox"/> Single, never married | <input type="checkbox"/> Widowed |
| <input type="checkbox"/> Legally married | <input type="checkbox"/> Legally separated, not divorced | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Legally married, but separated | <input type="checkbox"/> Divorced | |

Race:

- | | | |
|---|--|--------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> No response |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Blended | |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Caucasian | |

Ethnicity:

- ☐
- Hispanic
- ☐
- Non-Hispanic

Victim's Military Service Information:Was the victim in the military at the time of the sexual assault? ☐ Yes ☐ No

RRCN (Restricted Only) _____

CID/Law Enforcement Incident Number (Unrestricted Only) _____

Branch of Service: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard☐ Unknown

Installation Assigned: _____

Unit: _____

Status:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> ARNG - Title 32 - AGR | <input type="checkbox"/> DOD Civilian | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> ARNG - State Active Duty | <input type="checkbox"/> ARNG - Title 32 - IDT | <input type="checkbox"/> Family Member | <input type="checkbox"/> USAR - AGR |
| <input type="checkbox"/> ARNG - Title 10 | <input type="checkbox"/> Cadet | <input type="checkbox"/> Foreign National | <input type="checkbox"/> USAR - IMA |
| <input type="checkbox"/> ARNG - Title 32 -- ADSW | <input type="checkbox"/> Civilian | <input type="checkbox"/> Midshipman | <input type="checkbox"/> USAR -- IRR |
| <input type="checkbox"/> ARNG - Title 32 -- ADT | <input type="checkbox"/> Contractor | <input type="checkbox"/> Retiree | <input type="checkbox"/> USAR - TPU |

Grade/Level (1-14): _____ Victim Lives: ☐ On base ☐ Off baseWas victim using alcohol within 24 hours of the incident? ☐ Yes ☐ NoWas victim using illegal drugs within 24 hours of the incident? ☐ Yes ☐ No

Description of Victim's Injuries:

- ☐ Apparent broken bones
☐ Possible internal injuries
☐ Severe lacerations
☐ Apparent minor injuries
☐ Other major injuries
☐ Loss of teeth
☐ Unconsciousness

Type of Force Used by Alleged Offender:

- ☐ None
☐ Verbal pressure
☐ Position of authority
☐ Threat to physical force
☐ Use of physical force
☐ Gave victim alcohol and/or drugs
☐ Weapon involved in assault

Was victim collateral misconduct associated with the incident (e.g., underage drinking)? ☐ Yes ☐ NoCDR Disposition for Collateral Misconduct: ☐ No Action Taken ☐ Administrative ☐ Non-judicial ☐ Judicial

What action was ultimately taken by the chain of command in connection with victim collateral misconduct? (Note: If victim collateral misconduct=no, this field should be left blank) _____

Incident Information:

Date of Incident: ____/____/____

Did Incident Occur on a Military Installation? ☐ Yes ☐ No

Time Assault Occurred: _____

Offense Location Type:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Air Terminal | <input type="checkbox"/> Exchange | <input type="checkbox"/> VAQ | <input type="checkbox"/> Residence |
| <input type="checkbox"/> Bus Terminal | <input type="checkbox"/> Drug Store | <input type="checkbox"/> VEQ | <input type="checkbox"/> Barracks |
| <input type="checkbox"/> Train Terminal | <input type="checkbox"/> Hospital | <input type="checkbox"/> TLQ | <input type="checkbox"/> BEQ |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Field area | <input type="checkbox"/> Jail | <input type="checkbox"/> BOQ |
| <input type="checkbox"/> Credit Union | <input type="checkbox"/> Woods area | <input type="checkbox"/> Prison | <input type="checkbox"/> Restaurant Facility |
| <input type="checkbox"/> Officer Club | <input type="checkbox"/> Training area | <input type="checkbox"/> Correctional Facility | <input type="checkbox"/> School |
| <input type="checkbox"/> NCO Club | <input type="checkbox"/> Government Bldg | <input type="checkbox"/> Lake | <input type="checkbox"/> College |
| <input type="checkbox"/> Church | <input type="checkbox"/> Public Bldg | <input type="checkbox"/> Waterway | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Synagogue | <input type="checkbox"/> Grocery | <input type="checkbox"/> Ocean | <input type="checkbox"/> Specialty Store |
| <input type="checkbox"/> Temple | <input type="checkbox"/> Commissary | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Concessionaire |
| <input type="checkbox"/> Commercial Office Building | <input type="checkbox"/> Highway | <input type="checkbox"/> Class VI | <input type="checkbox"/> Child Care Facility |
| <input type="checkbox"/> Construction Site | <input type="checkbox"/> Road | <input type="checkbox"/> Motor Pool | <input type="checkbox"/> Home Day Care |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Alley | <input type="checkbox"/> Parking Lot | <input type="checkbox"/> Recreation Facility |
| <input type="checkbox"/> Shoppette | <input type="checkbox"/> Street | <input type="checkbox"/> Rental Facility | <input type="checkbox"/> Service School |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Hotel | <input type="checkbox"/> Dining Facility | <input type="checkbox"/> On board ship |
| <input type="checkbox"/> Discount Store | <input type="checkbox"/> Motel | | |

Offense City: _____

Offense State: _____

Offense County: _____

RRCN (Restricted only) _____

CID/Law Enforcement Incident Number (Unrestricted only) _____

Was Medical Notified? ☐ Yes ☐ No

Date Medical Notified: ___/___/___

Time Medical Notified: _____ (24 hour format)

SAFE Information:

Did the victim choose to have a SAFE? ☐ Yes ☐ No

If no, reason:

☐ No Examiner Available ☐ No SAFE Available ☐ Other
☐ No SAFE Available ☐ Victim Declined

Date SAFE Conducted: ___/___/___

SAFE Kit Storage Number: _____

SAFE Kit Storage Location: _____

Date SAFE Storage Date: ___/___/___

Victim SAFE Kit Destruction Notification Date: ___/___/___

SAFE Kit Destruction Date: ___/___/___ (One year from the date of SAFE storage)

Type of Offense: ☐ Rape ☐ Sodomy (Oral/Anal) ☐ Indecent Assault
(Prior to 1 Oct 07) ☐ Attempted Rape ☐ Attempted Sodomy ☐ Attempted Indecent Assault

Type of Offense: ☐ Rape or Aggravated Sexual Assault ☐ Aggravated Sexual Contact
(After 1 Oct 07) ☐ Abusive Sexual Contact ☐ Indecent Act
☐ Forcible Pandering ☐ Indecent Exposure
☐ Wrongful sexual contact ☐ Sodomy (Oral/Anal)
☐ Attempted Sodomy

Reporting Options:

Reporting Options: ☐ Yes ☐ No

Did victim complete the Victim Reporting Preference Statement? ☐ Yes ☐ No

☐ Restricted Report ☐ Unrestricted Report

If **Restricted**, the reason victim prefers Restricted Reporting:

☐ Fear of reprisal by offender ☐ Embarrassment
☐ Fear of reprisal by superior and/or peers ☐ Desire to avoid retelling story
☐ Fear of affect on career advancement ☐ Unknown
☐ Fear of not being believed by others ☐ Other
☐ Did not want others to know of assault

Date restricted report was converted to unrestricted report: ___/___/___

Notification by VA (if applicable):

Was MP Notified? ☐ Yes ☐ No

Date MP Notified: ___/___/___

Time MP Notified: _____ (24 hour format)

Was CID Notified? ☐ Yes ☐ No

Date CID Notified: ___/___/___

Time CID Notified: _____ (24 hour format)

Investigation Initiated: ☐ Yes ☐ No

Lead Investigation Agency: ☐ Army CID ☐ Civilian Law Enforcement ☐ Foreign Civilian
☐ Other Investigative Agency ☐ None

Investigation Status: ☐ Initiated ☐ Pending ☐ Complete

RRCN (Restricted only) _____
 CID/Law Enforcement Incident Number (Unrestricted only) _____

Source of Referral to SAPR Program:

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> SARC | <input type="checkbox"/> Military One Source | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Victim Advocate | <input type="checkbox"/> Military Investigators | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Healthcare Provider | <input type="checkbox"/> Law Enforcement | |
| <input type="checkbox"/> Chaplain | <input type="checkbox"/> Victim's Commander | |

Forms Provided:

Was the victim provided with the following DD Forms:

- | | | |
|---|------------------------------|-----------------------------|
| DD Form 2701 – “Initial Information for Victims and Witnesses of Crime” | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DD Form 2702 – “Court-Martial Information for Victims and Witnesses of Crime” | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DD Form 2703 – “Post-Trial Information for Victims and Witnesses of Crime” | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DD Form 2704 – “Victim/Witness Certification and Election Concerning Inmate Status” | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

VA should hand-off the *SAPR Program Victim Information – First Contact Form* to the SARC on the first duty day following the initial contact.

The SARC should enter the data on the form into DCRMS (or the SAPR Interim Reporting Solution worksheet until DCRMS becomes operational) within 2 duty days of receiving the form, and then destroy the form by cross-cut shredding or mutilation sufficient to preclude recognition or reconstruction of the form.

RRCN (Restricted only) _____
 CID/Law Enforcement Incident Number (Unrestricted only) _____



SAPR Program Offender Information Worksheet

Worksheet Instructions: This form should be used in unrestricted cases by the VA and/or the SARC to obtain offender information required for DCRMS (or interim solution reporting workbook maintained by the SARC until DCRMS is placed into operation). The information requested on this form can either be obtained directly from the victim during the initial contact, or through other channels such as the Sexual Assault Review Board (SARB), CID, or other response agencies involved in the investigation. Every attempt should be made to obtain this information during the initial contact, as it is CID policy not to release offender data until a case is closed and founded. VAs and SARCs should use sensitivity when collecting this information and not engage in a "fact finding" interview.

The data on the form should NOT be entered into DCRMS (or interim solution reporting workbook maintained by the SARC until DCRMS is placed into operation) until and if the case is closed and founded by CID. The worksheet should be maintained in the victim's case file until the case is closed. If the case is determined to be unfounded by CID, the SARC should destroy the form by cross-cut shredding or mutilation sufficient to preclude recognition or reconstruction of the form within 2 duty days of receipt of this information from CID. If the case is founded by CID, the SARC should obtain any missing information from CID, and then upload the information into DCRMS (or interim solution reporting workbook maintained by the SARC until DCMRS is placed into operation). The SARC should then destroy this form by cross-cut shredding or mutilation sufficient to preclude recognition or reconstruction of the form within 2 duty days of receipt of this information from CID.

Incident Number _____
CID-assigned Case Number _____
Victim Advocate's Name: _____
Initial SARB Date: ____/____/____
Most Recent SARB Date: ____/____/____

Alleged Offender Information

☐ More than one alleged offender (if so, use copies of this form to enter multiple offender information)

☐ Unknown Offender

Offender Sequence Number: _____

Relationship to Victim:

☐ Acquaintance/Friend
☐ Co-worker/shipmate
☐ Ex-spouse
☐ Spouse

☐ Family member-not spouse
☐ Girlfriend/boyfriend
☐ Neighbor
☐ No known Relationship

☐ Recruiter
☐ Supervisor
☐ Unknown

Offender Name _____
Last First Middle

SSN: ____-____-____

DOB: ____/____/____ Age: _____ (At time of incident) Gender: ☐ Female ☐ Male

Race:

☐ American Indian/Alaska Native
☐ Asian
☐ Black or African American

☐ Native Hawaiian/Pacific Islander
☐ Blended
☐ Caucasian

☐ No response

CID/Law Enforcement Incident Number (Unrestricted only) _____

Ethnicity:

☐ Hispanic ☐ Non-Hispanic

 Branch of Service: ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard ☐ Unknown

Installation Assigned: _____

Unit: _____

Status:

<input type="checkbox"/> Active Duty	<input type="checkbox"/> ARNG - Title 32 - AGR	<input type="checkbox"/> DOD Civilian	<input type="checkbox"/> Unknown
<input type="checkbox"/> ARNG - State Active Duty	<input type="checkbox"/> ARNG - Title 32 - IDT	<input type="checkbox"/> Family Member	<input type="checkbox"/> USAR - AGR
<input type="checkbox"/> ARNG - Title 10	<input type="checkbox"/> Cadet	<input type="checkbox"/> Foreign National	<input type="checkbox"/> USAR - IMA
<input type="checkbox"/> ARNG - Title 32 -- ADSW	<input type="checkbox"/> Civilian	<input type="checkbox"/> Midshipman	<input type="checkbox"/> USAR -- IRR
<input type="checkbox"/> ARNG - Title 32 -- ADT	<input type="checkbox"/> Contractor	<input type="checkbox"/> Retiree	<input type="checkbox"/> USAR - TPU

Grade/Level (1-14): _____

VAs should hand-off the *SAPR Program Offender Information Worksheet* to the SARC on the first duty day after receiving this information.

CID/Law Enforcement Incident Number (Unrestricted only) _____

VICTIM REPORTING PREFERENCE STATEMENT*(Please read Privacy Act Statement before completing this form.)***1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE VA OR SARC**

a. I, (Full name) _____, had the opportunity to talk with a Victim Advocate (VA) or a Sexual Assault Response Coordinator (SARC) before selecting a reporting option.

b. UNRESTRICTED REPORTING - REPORTING A CRIME WHICH IS INVESTIGATED.

INITIALS	
	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 offender(s) or receiving a military protective order against the offender. Any misconduct on my part may be punished, but at the discretion of the commander may be delayed until after the sexual assault charge(s) is resolved.

c. RESTRICTED REPORTING - CONFIDENTIALLY REPORTING A CRIME WHICH IS NOT INVESTIGATED.

	(1) I understand that I can confidentially receive medical treatment, advocacy services, and counseling, and an optional sexual assault forensic exam to collect evidence if needed, but law enforcement and my command will NOT be notified. My report will NOT trigger an investigation; therefore, 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 back). If an exception applies, limited details of my assault may be revealed to satisfy the exception.
	(3) I understand that if I have not made an "Unrestricted Report" within 1 year of any evidence collected, it will be destroyed and no longer available for any future investigation or prosecution efforts.
	(4) 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 sexual assault to _____.
	(5) I understand that the SARC will provide information that does not reveal my identity, nor that of my offender, to the responsible senior commander within 24 hours of my "Restricted Report" or within 48 hours if at a deployed location and extenuating circumstances apply. This information is required for the purposes of public safety and command responsibility.
	(6) I understand that by choosing "Restricted Reporting," the full range of victim protection actions may not be available, such as being separated from the offender(s) or receiving a military protective order against the offender(s).
	(7) I understand that if I talk about my sexual assault to anyone other than those under the "Restricted Reporting" option (SARC, sexual assault victim advocate, or healthcare providers), and chaplains, it may be reported to my command and law enforcement which could lead to an investigation.
	(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 offender(s). If the case goes to court, my victim advocate 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.

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.

2. CHOOSE A REPORTING OPTION <i>(Initial)</i>	
	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 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 applies. I understand the information I provide will NOT start an investigation or be used to punish an offender.
3. RESTRICTED REPORT CASE NUMBER <i>(If applicable)</i>	
4.a. SIGNATURE OF VICTIM	b. DATE (YYYYMMDD)
5.a. SIGNATURE OF SARC/VICTIM ADVOCATE	b. DATE (YYYYMMDD)
6. 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 (YYYYMMDD)
c. SIGNATURE OF SARC/VICTIM ADVOCATE	d. DATE (YYYYMMDD)
EXCEPTIONS TO "RESTRICTED REPORTING"	
<p>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:</p> <ol style="list-style-type: none"> 1. Command officials or law enforcement when authorized by the victim in writing. 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. SARC, victim advocates or healthcare provider 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. <p>SARCs, victim advocates and healthcare providers 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.</p>	