

**DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM**

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The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Washington Headquarters Services, at [whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil](mailto:whs.mc-alex.esd.mbx.dd-dod-informationcollections@mail.mil). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.

**PLEASE DO NOT MAIL, FAX, EMAIL OR STORE THIS FORM. DISPOSE OF COMPLETED FORM AS DIRECTED AT THE TOP OF EACH PAGE.**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. 7013, Secretary of the Army; 10 U.S.C. 8013, Secretary of the Navy; 10 U.S.C. 9013, Secretary of the Air Force; 32 U.S.C. 102, National Guard; DoD Directive 6495.01, SAPR Program; DoD Instruction 6495.02, SAPR Program Procedures; Army Regulation 600-20, Chapter 7, Army Command Policy (SAPR Program); OPNAV Instruction 1752.1C, SAPR Program; Marine Corps Order 1752.5C, SAPR Program; Air Force Instruction 90-6001, SAPR Program; and E.O. 9397 (SSN), as amended.

**PRINCIPAL PURPOSE(S):** To centralize case-level sexual assault data involving a member of the Armed Forces, in a manner consistent with statute and DoD regulations for Unrestricted and Restricted reporting. To facilitate reports to Congress on claims of retaliation in connection with an Unrestricted Report of sexual assault made by or against a member of the Armed Forces. Records may also be used as a management tool for statistical analysis, tracking, reporting, evaluating program effectiveness, conducting research, and case and business management. De-identified data may also be used to respond to mandated reporting requirements. The DSAID File Locker, a separate module within the system, is used to maintain Victim Reporting Preference Statements and DoD Sexual Assault Forensic Examinations (SAFEs) to ensure compliance with federal records retention requirements and allow Victims and reporters access to these forms for potential use in Department of Veterans Affairs (DVA) benefits applications. <https://dpclid.defense.gov/Portals/49/Documents/Privacy/SORNs/OSDJS/DHRA-06-DoD.pdf>

**ROUTINE USE(S):** Information provided may be further disclosed to the Department of Veterans Affairs (DVA) for benefits purposes and to facilitate collaborative research activities between the DoD and DVA. In addition, this form is subject to the proper and necessary routine uses identified in the system of records notice(s) specified in the purpose statement above. In addition to those disclosures generally permitted in accordance with 5 U.S.C. 552a(b), the records contained herein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows:

- a. To permit the disclosure of records of closed cases of Unrestricted Reports to the DVA for purpose of providing mental health and medical care to former Service members and retirees, to determine the eligibility for or entitlement to benefits, and to facilitate collaborative research activities between the DoD and DVA.
- b. To contractors responsible for performing or working on contracts for the DoD when necessary to accomplish an agency function related to this System of Records. Individuals provided information under this routine use are subject to the same Privacy Act requirements and limitations on disclosure that apply to DoD officers and employees.
- c. To any component of the Department of Justice for the purpose of representing the DoD, or its components, officers, employees, or members in pending or potential litigation to which the record is pertinent.
- d. In an appropriate proceeding before a court, grand jury, or administrative or adjudicative body or official, when the DoD or other Agency representing the DoD determines that the records are relevant and necessary to the proceeding; or in an appropriate proceeding before an administrative or adjudicative body when the adjudicator determines the records to be relevant to the proceeding.
- e. To the National Archives and Records Administration or the purpose of records management inspections conducted under the authority of 44 U.S.C. 2904 and 2906.
- f. To a Member of Congress or staff acting upon the Member's behalf when the Member or staff requests the information on behalf of, and at the request of, the individual who is the subject of the record.
- g. To appropriate agencies, entities, and persons when (1) the DoD suspects or has confirmed that there has been a breach of the System of Records; (2) the DoD has determined that as a result of the suspected or confirmed breach there is a risk of harm to individuals, the DoD (including its information systems, programs, and operations), the Federal Government, or national security; and (3) the disclosure made to such agencies, entities, and persons is reasonably necessary to assist in connection with the DoD's efforts to respond to the suspected or confirmed breach or to prevent, minimize, or remedy such harm.
- h. To another Federal agency or Federal entity, when the DoD determines that information from this System of Records is reasonably necessary to assist the recipient agency or entity in (1) responding to a suspected or confirmed breach or (2) preventing, minimizing, or remedying the risk of harm to individuals, the recipient agency or entity (including its information systems, programs and operations), the Federal Government, or national security, resulting from a suspected or confirmed breach.

**DISCLOSURE:** 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 program. You will not be denied benefits via the Restricted Reporting option. For Unrestricted Reports, the Social Security Number (SSN) is one of several unique personal identifiers that may be provided. Some alternatives include state driver's license number, passport number, or DoD ID number.

**HOW TO USE THIS FORM**

Fields on this form should only be completed as needed to fulfill DSAID data requirements for the given type of report (Restricted or Unrestricted); that is, for Restricted Reports no personally identifiable information for Victims (except for the Encryption Key information as described below) or subjects should be captured. In the event that a SARC does not have immediate access to DSAID, this form may be used in the interim to capture the adult sexual assault Victim's information. The information captured on this form shall be entered in DSAID within the timeline established in DoD Instruction (DoDI) 6495.02. In accordance with General Records Schedule (GRS) 5.2, 020, Intermediary Records, and the business use established in DoDI 6495.02, this form shall be destroyed upon verification of successful creation of the information in DSAID or when no longer needed for business use, whichever is later. The form shall NOT be maintained longer than required to input all information required into DSAID per the authorities above. Until such time as the form is destroyed, the form should be covered with a DD Form 2923, "Privacy Act Data Cover Sheet", and maintained under double-lock-and-key when not under the direct control of an individual with a need-to-know. For Restricted Reports, the data for the Encryption Key (see Section I, Block 4), is necessary to maintain privacy and security of DD Forms 2910 and DD Form 2911 in a Restricted Report (RR). Any victim filing a RR may be asked to provide this information when his/her RR is transferred or to access the forms stored electronically in the File Locker. For select definitions of terminology used below, please see the DSAID User Manual. This form cannot be used in place of DD Forms 2910, 2910-1, or 2910-2 to officially report sexual assault, lost forms, and related retaliation, respectively.

**SECTION I - DSAID CASE INFORMATION**

<b>1. DSAID CONTROL NUMBER</b> RR- _____ UU- _____		<b>2. TYPE OF REPORT</b> ( <i>X one</i> ) <input type="checkbox"/> RESTRICTED <input type="checkbox"/> UNRESTRICTED		<b>3. SARC PRIMARY LOCATION (DSAID LOCATION CODE)</b>	
<b>4. ENCRYPTION KEYS</b> ( <i>For Restricted Report only</i> )					
a. VICTIM DATE OF BIRTH (MM/DD/YYYY)		b. VICTIM MOTHER'S MAIDEN NAME		c. VICTIM STATE/COUNTRY OF BIRTH	
				d. LAST 4 OF VICTIM SSN	
5.a. AGE AT TIME OF INCIDENT ( <i>For Restricted Report only</i> )			b. DATE VICTIM SIGNED FORM ELECTING TO CONVERT FROM RR TO RU ( <i>if applicable</i> ) (MM/DD/YYYY)		c. RU- d. CONVERSION REASON ( <i>If known or available</i> )
6.a. DSAID CASE STATUS ( <i>X one</i> ) <input type="checkbox"/> OPEN <input type="checkbox"/> CLOSED <input type="checkbox"/> OPEN WITH LIMITED INFORMATION		b. EXPLANATION FOR OPEN WITH LIMITED INFORMATION STATUS ( <i>If applicable</i> ) <input type="checkbox"/> VICTIM REFUSED/DECLINED SERVICES <input type="checkbox"/> VICTIM OPT-OUT OF PARTICIPATING IN INVESTIGATIVE PROCESS <input type="checkbox"/> LOCAL JURISDICTION REFUSED TO PROVIDE VICTIM INFORMATION <input type="checkbox"/> CIVILIAN VICTIM WITH MILITARY SUBJECT			
<b>7. RESTRICTED REPORT REASON</b>					<b>8. DATE OF REPORT TO DOD</b> (MM/DD/YYYY)

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**9. RESTRICTED REPORT EXCEPTION APPLIED** (*X as applicable*)  YES  NO IF YES, REASON FOR EXCEPTION:

DISCLOSURE IS AUTHORIZED BY VICTIM IN WRITING.

DISCLOSURE IS NECESSARY TO PREVENT OR LESSEN A SERIOUS OR IMMINENT THREAT TO HEALTH OR SAFETY OF THE VICTIM OR ANOTHER PERSON.

DISCLOSURE BY A HCP IS REQUIRED FOR FITNESS FOR DUTY FOR DISABILITY RETIREMENT DETERMINATIONS.

DISCLOSURE IS REQUIRED FOR SARC, VA, OR HCP TO PROVIDE SUPERVISION AND/OR COORDINATION OF DIRECT VICTIM TREATMENT OR SERVICES.

COMMUNICATE WHEN DISCLOSURE IS ORDERED BY A JUDGE, OR OTHER OFFICIALS OR ENTITIES AS REQUIRED BY A FEDERAL OR STATE STATUTE OR APPLICABLE U.S. INTERNATIONAL AGREEMENT.

**10. VICTIM NAME:** a. LAST \_\_\_\_\_ b. FIRST \_\_\_\_\_ c. MIDDLE \_\_\_\_\_

**11. ID TYPE** (*X one*)

DOD ID NUMBER  SSN  PASSPORT NUMBER  ALIEN REGISTRATION  FOREIGN COUNTRY ID  UNKNOWN

ID NUMBER: \_\_\_\_\_

**12.a. VA ASSIGNED** (*X one*)  YES  NO

b. IF YES, VA NAME: \_\_\_\_\_

c. IF NO, REASON: \_\_\_\_\_

**SECTION II - VICTIM INFORMATION** (*At time of Report, unless otherwise indicated*)

**13. DATE VICTIM INFORMED OF OPTIONS** (*MM/DD/YYYY*) \_\_\_\_\_ **14. DATE VICTIM SIGNED DD FORM 2910** (*MM/DD/YYYY*) \_\_\_\_\_

**15. RELATIONSHIP TO SUBJECT(S)** (*X all that apply*)

FRIEND  NEIGHBOR  ACQUAINTANCE  LOVE INTEREST/DATING  EXTENDED FAMILY MEMBER  OTHERWISE KNOWN

EMPLOYER  STRANGER  RELATIONSHIP UNKNOWN  SUPERVISOR/COMMAND  RECRUITER  COWORKER  EMPLOYEE

**16.a. COMMANDER NAME** \_\_\_\_\_

b. COMMAND NOTIFICATION ACCOMPLISHED WITHIN 24 HOURS (*X one*)  YES  NO

c. IF NO, REASON: \_\_\_\_\_

**17. INCIDENT OCCURRED:** (*X as applicable*)

a. INCIDENT OCCURRED ON DEPLOYMENT?  YES  NO

b. INCIDENT OCCURRED ON TDY?  YES  NO

c. INCIDENT OCCURRED ON LEAVE?  YES  NO

**18. DOES LOCATION REQUIRE MANDATORY REPORTING FOR MEDICAL CARE FOR A SEXUAL ASSAULT?** (*X one*)  YES  NO

**19. DATE OF BIRTH** (*MM/DD/YYYY*) \_\_\_\_\_

**20. GENDER** (*X one*)  MALE  FEMALE

**21. RACE AND ETHNICITY** (*Select All That Apply*)

AMERICAN INDIAN OR ALASKA NATIVE  ASIAN  BLACK OR AFRICAN AMERICAN

HISPANIC OR LATINO  MIDDLE EASTERN OR NORTH AFRICAN  NATIVE HAWAIIAN OR PACIFIC ISLANDER

WHITE  OTHER  UNKNOWN/CHOOSES NOT TO DISCLOSE

**22. VICTIM TYPE** (*X one*) (*For adult dependents, select U.S. Civilian and complete Block 24, 26, 27, 28, and 29.*)

MILITARY  DOD CIVILIAN  OTHER GOVT. CIVILIAN  U.S. CIVILIAN  FOREIGN NATIONAL  FOREIGN MILITARY  DOD CONTRACTOR

**23. VICTIM AFFILIATION** (*X one*)

ARMY  NAVY  AIR FORCE  MARINE CORPS  SPACE FORCE  COAST GUARD  DOD  NOAA  PUBLIC HEALTH  N/A

**24. VICTIM STATUS**

a. IF MILITARY, VICTIM DUTY STATUS (*X one*)  ACTIVE DUTY  NATIONAL GUARD (NG)  RESERVE

b. VICTIM RECRUIT/TRAINING STATUS (*X one*)  YES  NO

c. (1) IF VICTIM DUTY STATUS IS NG, TYPE OF NATIONAL GUARD SERVICE (*X one*):  TITLE 10  TITLE 32

(2) VICTIM NG STATE AFFILIATION (*X one*)

50 STATES (*ENTER STATE*): \_\_\_\_\_  DISTRICT OF COLUMBIA  PUERTO RICO  GUAM  VIRGIN ISLANDS

(3) VICTIM NG TITLE 10 CATEGORY (*X one*)  NATIONAL GUARD  ACTIVE DUTY ARMED SERVICES  RESERVISTS

(4) VICTIM NG TITLE 32 CATEGORY (*X one*)

ACTIVE GUARD AND RESERVE (AGR)  TRADITIONAL/M DAY  TECHNICIAN/DUAL STATUS  TECHNICIAN/NON-DUAL STATUS

NOT IN DUTY STATUS

(5) IF VICTIM IS TITLE 32 AND VICTIM RECRUIT/TRAINING STATUS IS YES, NG VICTIM RECRUIT/TRAINING STATUS (*X one*)

NG PRE-ACCESSION RECRUIT SUSTAINMENT PROGRAM (RSP)  PRE-RECRUIT GENERAL EDUCATION DEVELOPMENT (GED) PROGRAM

d. IF VICTIM IS DOD CIVILIAN/OTHER GOVERNMENT CIVILIAN: PAY PLAN (*X one*)  GS  WG  NAF  SES  OTHER  UNKNOWN

e. IF VICTIM IS MILITARY/CIVILIAN, PAY GRADE \_\_\_\_\_

f. VICTIM ASSIGNED LOCATION \_\_\_\_\_

g. VICTIM ASSIGNED UIC \_\_\_\_\_

h. VICTIM ASSIGNED UNIT NAME \_\_\_\_\_

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i. IF GUARD OR RESERVE, WAS LINE OF DUTY (LOD) INITIATED? (X one)  YES  NO IF NO, X REASON:  
 VICTIM DID NOT WANT LOD INITIATED  NO INFORMATION AVAILABLE FROM ACTIVE DUTY SARC  LOD NOT OFFERED  
 ASSAULT DID NOT OCCUR IN DUTY STATUS  OTHER

**25. VICTIM CONTACT INFORMATION** (Address/Telephone/Email)

**26. IF NOT MILITARY, VICTIM DEPENDENT STATUS** (X one)

YES - MILITARY DEPENDENT  YES - DOD CIVILIAN (OCONUS) DEPENDENT  NO

**27. VICTIM DEPENDENT RELATIONSHIP** (X one)

SPOUSE  ADULT CHILD  PARENT

**28. WAS THE VICTIM IN THE MILITARY AT THE TIME OF THE ASSAULT?** (X one)  YES  NO

**SECTION III - VICTIM SAFETY** (For multiple instances, reuse as needed)

**29.a. VICTIM SAFETY ASSESSMENT COMPLETED?** (X and complete as applicable)  YES  NO

b. IF YES, WAS A VICTIM SAFETY CONCERN IDENTIFIED? (X one)  YES  NO

c. IF YES, VICTIM SAFETY CONCERN NOTES(S)

d. VICTIM SAFETY CONCERN NOTE DATE (MM/DD/YYYY)

e. IF A VICTIM SAFETY ASSESSMENT WAS NOT COMPLETED, WHAT WAS THE REASON? f. VVAP (DD Form 2701) PROVIDED (X one)  
 YES  NO

**30. VICTIM INFORMED OF RIGHT TO REQUEST EXPEDITED TRANSFER?** (X one)  YES  NO

**31.a. CIVILIAN PROTECTIVE ORDER (CPO) REQUESTED?** (X and complete as applicable)  YES  NO b. IF YES, EFFECTIVE DATE OF CPO (MM/DD/YYYY)

**32.a. MILITARY PROTECTIVE ORDER (MPO) REQUESTED?** (X and complete as applicable)  YES  NO IF YES:

b. MPO REQUEST DATE (MM/DD/YYYY)  YES  NO c. MPO ISSUED (X one)  YES  NO  
d. MPO ISSUE DATE (MM/DD/YYYY)  YES  NO e. MPO VIOLATED (X one)  YES  NO f. IF YES, BY WHOM? (X one)  
 VICTIM  SUBJECT  BOTH

**33. VICTIM EXPEDITED TRANSFER**

a. DATE VICTIM REQUESTED EXPEDITED TRANSFER (MM/DD/YYYY) b. VICTIM EXPEDITED TRANSFER REQUESTED TYPE (X one)  
 LOCAL - UNIT/DUTY TRANSFER  PCS - INSTALLATION TRANSFER

c. COMMAND DECISION FOR EXPEDITED TRANSFER (X one)  APPROVE  DISAPPROVE d. REASON FOR DISAPPROVED EXPEDITED TRANSFER PER COMMAND DECISION

e. DATE OF COMMAND DECISION FOR EXPEDITED TRANSFER (MM/DD/YYYY)

f. VICTIM TRANSFERRED PER COMMAND DECISION? (X one)  YES  NO g. VICTIM REQUESTED REVIEW FOR EXPEDITED TRANSFER? (X one)  YES  NO h. SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER? (X one)  APPROVE  DISAPPROVE

i. DATE OF SENIOR LEVEL DECISION FOR EXPEDITED TRANSFER (MM/DD/YYYY) j. VICTIM TRANSFERRED PER SENIOR LEVEL COMMAND DECISION? (X one)  YES  NO

**SECTION IV - REFERRAL SUPPORT** (For multiple instances, reuse as needed)

**34.a. REFERRAL RESOURCE TYPE** (X one)  MILITARY  CIVILIAN

b. TYPE OF SUPPORT (X all that apply)  MEDICAL  MENTAL HEALTH  LEGAL  CHAPLAIN/SPIRITUAL SUPPORT  
 VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE  DOD SAFE HELPLINE  
 RAPE CRISIS CENTER  OTHER (Specify) c. DATE OF REFERRAL (MM/DD/YYYY)

d. REFERRAL SERVICE COMMENT (NOTE: **Do NOT** enter any HIPAA information.)

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**35.a. REFERRAL RESOURCE TYPE** (X one)  MILITARY  CIVILIAN

**b. TYPE OF SUPPORT** (X all that apply)

MEDICAL  MENTAL HEALTH  LEGAL  CHAPLAIN/SPIRITUAL SUPPORT  
 VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE  DOD SAFE HELPLINE  
 RAPE CRISIS CENTER  OTHER (Specify)

**c. DATE OF REFERRAL** (MM/DD/YYYY)

**d. REFERRAL SERVICE COMMENT** (NOTE: **Do NOT** enter any HIPAA information.)

**36.a. REFERRAL RESOURCE TYPE** (X one)  MILITARY  CIVILIAN

**b. TYPE OF SUPPORT** (X all that apply)

MEDICAL  MENTAL HEALTH  LEGAL  CHAPLAIN/SPIRITUAL SUPPORT  
 VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE  DOD SAFE HELPLINE  
 RAPE CRISIS CENTER  OTHER (Specify)

**c. DATE OF REFERRAL** (MM/DD/YYYY)

**d. REFERRAL SERVICE COMMENT** (NOTE: **Do NOT** enter any HIPAA information.)

**37.a. REFERRAL RESOURCE TYPE** (X one)  MILITARY  CIVILIAN

**b. TYPE OF SUPPORT** (X all that apply)

MEDICAL  MENTAL HEALTH  LEGAL  CHAPLAIN/SPIRITUAL SUPPORT  
 VICTIM ADVOCATE/UNIFORMED VICTIM ADVOCATE  DOD SAFE HELPLINE  
 RAPE CRISIS CENTER  OTHER (Specify)

**c. DATE OF REFERRAL** (MM/DD/YYYY)

**d. REFERRAL SERVICE COMMENT** (NOTE: **Do NOT** enter any HIPAA information.)

**SECTION V - FORENSIC EXAM**

**38. WAS FORENSIC EXAM OFFERED?** (X one)  YES  NO

IF NO, REASON:

**39.a. WAS FORENSIC EXAM COMPLETED?** (X and complete as applicable)  YES  NO

<b>b. IF YES: (1) LOCATION OF FORENSIC EXAM:</b> <input type="checkbox"/> ON INSTALLATION <input type="checkbox"/> OFF INSTALLATION	<b>(2) DATE OF EXAM (MM/DD/YYYY)</b>	<b>c. IF NO, WAS IT BECAUSE SAFE KIT AND/OR OTHER NEEDED SUPPLIES NOT AVAILABLE?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>(3) STORAGE LOCATION OF SAFE KIT</b>			

**40. RESTRICTED REPORT CONTROL NUMBER** (For Restricted Report only)

**SECTION VI - INVESTIGATIVE AGENCY**

**41.a. INVESTIGATIVE CASE FILE OPENED:** (X and complete as applicable)  YES  NO

<b>b. IF YES, INVESTIGATIVE CASE NUMBER*</b>	<b>c. INITIAL INVESTIGATIVE AGENCY LOCATION</b>
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\*REFER TO THE DSAID SUPPORT PAGE FOR CURRENT INVESTIGATIVE CASE NUMBER FORMATS.

**d. IF NO, PROVIDE A REASON** (X and complete as applicable)

INCIDENT OCCURRED PRIOR TO VICTIM'S MILITARY SERVICE  ALLEGED PERPETRATOR NOT SUBJECT TO UCMJ  
 INCIDENT BEYOND STATUTE OF LIMITATIONS  OTHER (Specify)

**42. AGENCY CONDUCTING INVESTIGATION** (X one)

NCIS  AFOSI  ARMY CID  NG/JA/OCI  CGIS  CIVILIAN LAW ENFORCEMENT

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<b>43. DATE INVESTIGATIVE ACTIVITY OPENED</b> (MM/DD/YYYY)	<b>44. INVESTIGATIVE ACTIVITY COMPLETED</b> <i>(X and complete as applicable)</i> IF YES, DATE INVESTIGATIVE ACTIVITY COMPLETED (MM/DD/YYYY)
	<input type="checkbox"/> YES <input type="checkbox"/> NO

**SECTION VII - INVESTIGATIVE AGENCY CASE TRANSFER** *(If applicable)*

<b>45. INVESTIGATIVE AGENCY CASE TRANSFERRED</b> <i>(X one)</i> <input type="checkbox"/> ACROSS SERVICES <input type="checkbox"/> TO NON-MILITARY JURISDICTION <input type="checkbox"/> WITHIN SERVICES	<b>46. ASSOCIATED INVESTIGATIVE CASE NUMBER</b> <i>(See format instructions above)</i>
<b>47. INVESTIGATIVE AGENCY CASE TRANSFER DATE</b> <i>(MM/DD/YYYY)</i>	<b>48. AGENCY CONDUCTING INVESTIGATION</b> <i>(X one)</i> <input type="checkbox"/> NCIS <input type="checkbox"/> AFOSI <input type="checkbox"/> ARMY CID <input type="checkbox"/> NG/JA/OCI <input type="checkbox"/> CGIS <input type="checkbox"/> CIVILIAN LAW ENFORCEMENT

**49. GAINING INVESTIGATIVE AGENCY LOCATION**

**SECTION VIII - SUBJECT INFORMATION** *(For multiple subjects, reuse as needed.)*

**50. RESTRICTED REPORT: SUBJECT TYPE** *(X one)*

<input type="checkbox"/> MILITARY - CADET/MIDSHIPMAN/PREP SCHOOL STUDENT	<input type="checkbox"/> MILITARY - NON CADET/MIDSHIPMAN/PREP SCHOOL STUDENT	<input type="checkbox"/> DOD CIVILIAN
<input type="checkbox"/> OTHER GOVT. CIVILIAN	<input type="checkbox"/> U.S. CIVILIAN	<input type="checkbox"/> FOREIGN NATIONAL
<input type="checkbox"/> FOREIGN NATIONAL	<input type="checkbox"/> FOREIGN MILITARY	<input type="checkbox"/> DOD CONTRACTOR
<input type="checkbox"/> UNKNOWN		

**UNRESTRICTED REPORT:**

**51. SUBJECT NAME:** a. LAST \_\_\_\_\_ b. FIRST \_\_\_\_\_ c. MIDDLE \_\_\_\_\_

<b>52. ID TYPE</b> <i>(X one)</i> <input type="checkbox"/> SSN <input type="checkbox"/> PASSPORT NUMBER <input type="checkbox"/> ALIEN REGISTRATION <input type="checkbox"/> FOREIGN COUNTRY ID <input type="checkbox"/> UNKNOWN ID NUMBER: _____	<b>53. DATE OF BIRTH</b> (MM/DD/YYYY)	<b>54. AGE AT TIME OF INCIDENT</b>	<b>55. GENDER</b> <i>(X one)</i> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN
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<b>56. RACE AND ETHNICITY</b> <i>(Select All That Apply)</i> <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input type="checkbox"/> HISPANIC OR LATINO <input type="checkbox"/> MIDDLE EASTERN OR NORTH AFRICAN <input type="checkbox"/> NATIVE HAWAIIAN OR PACIFIC ISLANDER <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN/CHOOSES NOT TO DISCLOSE	<b>57. DEPENDENT STATUS</b> <i>(X one)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO
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**58. SUBJECT TYPE** *(X one)*

<input type="checkbox"/> MILITARY	<input type="checkbox"/> DOD CIVILIAN	<input type="checkbox"/> OTHER GOVERNMENT CIVILIAN	<input type="checkbox"/> U.S. CIVILIAN
<input type="checkbox"/> FOREIGN NATIONAL	<input type="checkbox"/> FOREIGN MILITARY	<input type="checkbox"/> DOD CONTRACTOR	<input type="checkbox"/> UNKNOWN

**59. SERVICE AFFILIATION** *(X one)*

ARMY    NAVY    AIR FORCE    MARINE CORPS    SPACE FORCE    COAST GUARD    DOD    NOAA    PUBLIC HEALTH    UNKNOWN

**60.a. DUTY STATUS** *(X one if applicable)*

ACTIVE DUTY    NATIONAL GUARD (NG)    RESERVE    UNKNOWN

**b. IF SUBJECT DUTY STATUS IS NG:**

<b>(1) SUBJECT NATIONAL GUARD SERVICE</b> <i>(X one)</i> <input type="checkbox"/> TITLE 10 <input type="checkbox"/> TITLE 32	<b>(2) SUBJECT NG STATE AFFILIATION</b> <i>(X one)</i> <input type="checkbox"/> 50 STATES (ENTER STATE): _____ <input type="checkbox"/> DISTRICT OF COLUMBIA <input type="checkbox"/> PUERTO RICO <input type="checkbox"/> GUAM <input type="checkbox"/> VIRGIN ISLANDS
<b>(3) SUBJECT NG TITLE 10 CATEGORY</b> <i>(X one)</i> <input type="checkbox"/> ANNUAL TRAINING (AT) <input type="checkbox"/> ACTIVE GUARD AND RESERVE (AGR) <input type="checkbox"/> ACTIVE DUTY OPERATIONAL SUPPORT (ADOS) <input type="checkbox"/> MOBILIZED OCONUS <input type="checkbox"/> MOBILIZED CONUS <input type="checkbox"/> BASIC TRAINING <input type="checkbox"/> TECHNICAL/ADVANCED INDIVIDUAL TRAINING (AIT) <input type="checkbox"/> PROFESSIONAL MILITARY EDUCATION (PME) <input type="checkbox"/> RESERVISTS	<b>(4) SUBJECT NG TITLE 32 CATEGORY</b> <i>(X one)</i> <input type="checkbox"/> ACTIVE GUARD AND RESERVE (AGR) <input type="checkbox"/> ANNUAL TRAINING (AT) <input type="checkbox"/> INACTIVE DUTY TRAINING (IDT) <input type="checkbox"/> ACTIVE DUTY OPERATIONAL SUPPORT (ADOS) <input type="checkbox"/> PROFESSIONAL MILITARY EDUCATION (PME) <input type="checkbox"/> RECRUIT SUSTAINMENT PROGRAM/STUDENT FLIGHT <input type="checkbox"/> ROTC <input type="checkbox"/> STATE ACTIVE DUTY (SAD) <input type="checkbox"/> NOT IN DUTY STATUS <input type="checkbox"/> TECHNICIAN DUAL STATUS <input type="checkbox"/> TECHNICIAN NON DUAL STATUS

**(5) NG SUBJECT RECRUIT/TRAINING STATUS** *(X one)*

NG PRE-ACCESSION RECRUIT SUSTAINMENT PROGRAM (RSP)    PRE-RECRUIT GENERAL EDUCATION DEVELOPMENT (GED) PROGRAM    N/A

<b>c. IF SUBJECT IS MILITARY/CIVILIAN, PAY GRADE</b>	<b>d. SUBJECT DUTY ASSIGNMENT</b> <i>(X one)</i> <input type="checkbox"/> RECRUITER <input type="checkbox"/> INSTRUCTOR <input type="checkbox"/> DRILL SERGEANT <input type="checkbox"/> DRILL INSTRUCTOR <input type="checkbox"/> N/A
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**e. IF SUBJECT IS DOD CIVILIAN/OTHER GOVERNMENT CIVILIAN: PAY PLAN** *(X one)*

GS    WG    NAF    SES    OTHER    UNKNOWN

<b>f. SUBJECT ASSIGNED LOCATION</b>	<b>g. SUBJECT ASSIGNED UNIT NAME</b>	<b>h. SUBJECT ASSIGNED UIC</b>
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**DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM**

**SECTION IX - INCIDENT DETAIL**

**61.a. FOR RESTRICTED REPORT, IS DATE OF INCIDENT KNOWN** (*X and complete as applicable*)  YES  NO

b. IF YES, DATE OF INCIDENT (*MM/DD/YYYY*)  YES  NO  
 c. IS DATE AN ESTIMATE? (*X one*)  
 YES  NO

**62. FOR UNRESTRICTED REPORT:**

a. DATE OF INCIDENT (*MM/DD/YYYY*)  YES  NO  
 b. IS DATE AN ESTIMATE? (*X one*)  
 YES  NO

**63. INCIDENT TIME OF DAY**

**64.a. INCIDENT LOCATION** (*X one*)

ON MILITARY INSTALLATION/SHIP (OTHER THAN ACADEMY GROUNDS)  ON ACADEMY GROUNDS  
 OFF MILITARY INSTALLATION/SHIP/ACADEMY GROUNDS  UNIDENTIFIED

b. TYPE OF LOCATION (*For example, private vehicle or hotel*) c. INCIDENT LOCATION NAME d. STATE/COUNTRY e. CITY

**65. FOR VICTIM AND/OR SUBJECT:** (*X as applicable*)

a. WAS ALCOHOL INVOLVED?  YES  NO  UNKNOWN b. WERE DRUGS INVOLVED?  YES  NO  UNKNOWN

**66. WEAPONS USED?** (*X as applicable*)  YES  NO  UNKNOWN

**67. TYPE(S) OF OFFENSE INVESTIGATED**

a. FOR INCIDENTS OCCURRED **PRIOR TO OCTOBER 1, 2007:** (*X as applicable*)  
 RAPE (ART. 120)  INDECENT ASSAULT (ART. 134)  FORCIBLE SODOMY (ART. 125)  
 ATTEMPTS TO COMMIT OFFENSES (ART. 80)  UNKNOWN (NG ONLY)  PROSECUTED BY STATE LAW (NG ONLY)

b. FOR INCIDENTS OCCURRED **ON OR AFTER OCTOBER 1, 2007 AND BEFORE JUNE 28, 2012:** (*X as applicable*)  
 RAPE (ART. 120)  AGGRAVATED SEXUAL ASSAULT (ART. 120)  AGGRAVATED SEXUAL CONTACT (ART. 120)  ABUSIVE SEXUAL CONTACT (ART. 120)  
 WRONGFUL SEXUAL CONTACT (ART. 120)  FORCIBLE SODOMY (ART. 125)  ATTEMPTS TO COMMIT OFFENSES (ART. 80)  INDECENT ASSAULT (ART. 134)  
 UNKNOWN (NG ONLY)  PROSECUTED BY STATE LAW (NG ONLY)

c. FOR INCIDENTS OCCURRED **ON OR AFTER JUNE 28, 2012 AND BEFORE JANUARY 1, 2019:** (*X as applicable*)  
 RAPE (ART. 120)  SEXUAL ASSAULT (ART. 120)  AGGRAVATED SEXUAL CONTACT (ART. 120)  ABUSIVE SEXUAL CONTACT (ART. 120)  
 FORCIBLE SODOMY (ART. 125)  ATTEMPTS TO COMMIT OFFENSES (ART. 80)  UNKNOWN (NG ONLY)  PROSECUTED BY STATE LAW (NG ONLY)

d. FOR INCIDENTS OCCURRED **ON OR AFTER JANUARY 1, 2019:** (*X as applicable*)  
 RAPE (ART. 120)  SEXUAL ASSAULT (ART. 120)  AGGRAVATED SEXUAL CONTACT (ART. 120)  ABUSIVE SEXUAL CONTACT (ART. 120)  
 ATTEMPTS TO COMMIT OFFENSES (ART. 80)  UNKNOWN (NG ONLY)  PROSECUTED BY STATE LAW (NG ONLY)

e. IF VICTIM DUTY STATUS WAS NG AT THE TIME OF INCIDENT:

(1) PAY GRADE AT TIME OF INCIDENT (2) VICTIM NATIONAL GUARD SERVICE AT TIME OF INCIDENT (*X one*)  
 TITLE 10  TITLE 32

(3) VICTIM NG TITLE 10 CATEGORY AT THE TIME OF INCIDENT (*X one*)  
 BASIC TRAINING  TECHNICAL/ADVANCED INDIVIDUAL TRAINING (AIT)  MOBILIZED OCONUS  
 MOBILIZED CONUS  ANNUAL TRAINING (AT)  ACTIVE DUTY ARMED SERVICES  
 ACTIVE GUARD AND RESERVE (AGR)  PROFESSIONAL MILITARY EDUCATION (PME)  ACTIVE DUTY OPERATIONAL SUPPORT (ADOS)

(4) VICTIM NG TITLE 32 CATEGORY AT THE TIME OF INCIDENT (*X one*)  
 STATE ACTIVE DUTY (SAD)  INACTIVE DUTY TRAINING (IDT)  ANNUAL TRAINING (AT)  NOT IN DUTY STATUS  
 TECHNICIAN DUAL STATUS  TECHNICIAN NON-DUAL STATUS  RECRUIT SUSTAINMENT PROGRAM/STUDENT FLIGHT  
 PROFESSIONAL MILITARY EDUCATION (PME)  ROTC  ACTIVE GUARD AND RESERVE (AGR)  ACTIVE DUTY OPERATIONAL SUPPORT (ADOS)

**SECTION X – SEXUAL ASSAULT RELATED RETALIATION CASE INFORMATION**

**68. RETALIATION CONTROL NUMBER** **69. ASSOCIATED DSAID CONTROL NUMBER** **70. INVOLVES MULTIPLE DSAID CASES?** (*X one*)  
 YES  NO

**71. SARC PRIMARY LOCATION (DSAID LOCATION CODE)** **72. DATE ALLEGATIONS OF RETALIATION WAS REPORTED** (*MM/DD/YYYY*)

**73. DSAID RETALIATION CASE STATUS** (*X one*)  OPEN  CLOSED **74. TYPE OF RETALIATION REPORTER** (*X one*)  
 ADULT SEXUAL ASSAULT VICTIM  VICTIM'S FAMILY MEMBER  WITNESS  
 BYSTANDER (WHO INTERVENED)  SARC ON THIS CASE  RESPONDER  
 SAPR VA ON THIS CASE  OTHER PARTY

**DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM**

**75. INDIVIDUAL/ORGANIZATION TO WHOM THE REPORT OF RETALIATION WAS MADE (X one)**

ARMY IG    AIR FORCE IG    NAVY IG    USMC IG    COAST GUARD IG    NATIONAL GUARD IG    DOD IG    ARMY CHAIN OF COMMAND  
 AIR FORCE CHAIN OF COMMAND    NATIONAL GUARD CHAIN OF COMMAND    NAVY CHAIN OF COMMAND    USMC CHAIN OF COMMAND  
 COAST GUARD CHAIN OF COMMAND    SPACE FORCE CHAIN OF COMMAND    ARMY CID    NCIS    AFOSI    CGIS    NG OCI  
 ARMY LAW ENFORCEMENT    AIR FORCE LAW ENFORCEMENT    NAVY LAW ENFORCEMENT    MARINE CORPS LAW ENFORCEMENT  
 COAST GUARD LAW ENFORCEMENT    SARC    SAPR VA    MEO ADVISOR/REPRESENTATIVE    NON-DOD ENTITY    OTHER

**76. OTHER INDIVIDUAL/ORGANIZATION TO WHOM THE REPORT OF RETALIATION WAS MADE**

**77. RETALIATION REPORTER NAME:** a. LAST                      b. FIRST                      c. MIDDLE

**78. REPORTER IDENTIFICATION TYPE (X one)**

DOD ID NUMBER       PASSPORT NUMBER       ALIEN REGISTRATION NUMBER       FOREIGN COUNTRY ID       UNKNOWN  
 ID NUMBER: \_\_\_\_\_

**79. REPORTER DATE OF BIRTH (MM/DD/YYYY)**                      **80. REPORTER GENDER (X one)**

MALE       FEMALE

**81. DATE THAT THE RETALIATION REPORTER WAS INFORMED OF THE TYPES OF INVESTIGATIVE ENTITIES, TO INCLUDE THE IG, AND THE AVAILABILITY OF SVC/VLC (IF ELIGIBLE) (MM/DD/YYYY)**

**82. RETALIATION REPORTER AGREED TO HAVE THEIR CASE DISCUSSED AT CMG (X one)**       YES       NO

**83. PRIVACY ISSUES PREVENT SARC FROM DISCUSSING REPORTING ENTITIES WITH THE REPORTER (X one)**       YES       NO

**84. NARRATIVE OF THE RETALIATION ALLEGATION(S)**

**85. REPORTER TYPE (X one)**

MILITARY                       DOD CIVILIAN                       DOD CONTRACTOR                       OTHER GOVERNMENT CIVILIAN  
 U.S. CIVILIAN                       FOREIGN NATIONAL                       FOREIGN MILITARY                       UNKNOWN (SERVICE/DOD IG)

**86. SERVICE AFFILIATION (X one)**

ARMY    NAVY    AIR FORCE    MARINE CORPS    SPACE FORCE    COAST GUARD    DOD    NOAA    PUBLIC HEALTH    N/A

**87.a. DUTY STATUS (X one, if applicable)**

ACTIVE DUTY    NATIONAL GUARD (NG)    RESERVE

**b. IF REPORTER DUTY STATUS IS NG:**

<b>(1) REPORTER NATIONAL GUARD SERVICE (X one)</b>	<b>(2) REPORTER PAY PLAN (X one)</b>	<b>(3) REPORTER PAY GRADE</b>	<b>(4) REPORTER GRADE</b>
<input type="checkbox"/> TITLE 10 <input type="checkbox"/> TITLE 32	<input type="checkbox"/> GS <input type="checkbox"/> WG <input type="checkbox"/> NAF <input type="checkbox"/> SES <input type="checkbox"/> OTHER <input type="checkbox"/> UNKNOWN		
<b>(5) REPORTER ASSIGNED LOCATION</b>	<b>(6) REPORTER ASSIGNED UNIT NAME</b>	<b>(7) REPORTER ASSIGNED UIC</b>	

**88. IS SUPPORT BEING PROVIDED TO THE REPORTER? (X one)**       YES       NO

**89. ACTIONS TAKEN TO SUPPORT REPORTER OF RETALIATION (X one)**

BRIEFING/TRAINING FOR UNIT/INSTALLATION  
 UNFAVORABLE PERSONNEL ACTION, PUNISHMENT, OR ADMINISTRATIVE ACTION AGAINST THE RETALIATION REPORTER REVERSED  
 COMMAND IMPLEMENTED NEW POLICIES  
 TRANSFER OF RETALIATION REPORTER  
 MILITARY PROTECTIVE ORDER ISSUED OR CIVILIAN PROTECTIVE ORDER OBTAINED BY RETALIATION REPORTER  
 SAFETY PLAN UPDATED FOR RETALIATION REPORTER  
 COMMAND TOOK ACTION ON BEHALF OF THE RETALIATION REPORTER TO END THE NEGATIVE TREATMENT  
 COMMAND IS MONITORING THE SITUATION  
 COMMAND IS PROVIDING DIRECT SUPPORT TO THE REPORTER  
 ACTION PENDING  
 NO ACTION TAKEN  
 OTHER  
 UNKNOWN

**DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM**

**90. OTHER ACTIONS TAKEN TO SUPPORT REPORTER OF RETALIATION**

**91. REASON NO SUPPORT IS BEING PROVIDED (X one)**

- |  |   |
|--|---|
| <input type="checkbox"/> ALLEGATIONS UNSUBSTANTIATED BASED ON ADMINISTRATIVE INVESTIGATIONS            | <input type="checkbox"/> REPORTER LEFT SERVICE                  |
| <input type="checkbox"/> ALLEGATIONS UNFOUNDED BASED ON CRIMINAL INVESTIGATIONS ONLY, PER DODI 5505.18 | <input type="checkbox"/> REPORTER DID NOT WANT ANY ACTION TAKEN |
| <input type="checkbox"/> NO OFFICIAL COMPLAINT/COMPLAINT WITHDRAWN                                     | <input type="checkbox"/> REPORTER DIED/DESERTED                 |
| <input type="checkbox"/> COMMAND DECLINED ACTION   | <input type="checkbox"/> OTHER                                  |

**92. OTHER REASON NO SUPPORT IS BEING PROVIDED**

**93. REPORTER SUPPORT CASE NOTES**

**94. INVESTIGATION CASE FILE OPENED (X one)**  YES  NO

**95. REASON WHY NO INVESTIGATION OPENED (X one)**

- DID NOT MEET THE THRESHOLD FOR RETALIATION (I.E., REPRISAL ACTIONS, RESTRICTION, OSTRACISM, CRUELTY OR MALTREATMENT, OR CRIMINAL ACT FOR A RETALIATORY PURPOSE)
- REFERRED TO ANOTHER AGENCY TO INVESTIGATE (E.G., DOD IG)  REPORTER DECLINED TO PARTICIPATE IN THE INVESTIGATION
- REPORTER DIED  REPORTER WITHDREW COMPLAINT  REPORTER IS ABSENT WITHOUT LEAVE
- REPORTER SEPARATED FROM THE SERVICE

**96. PROGRAM RESPONSIBLE FOR INVESTIGATING RETALIATION ALLEGATION(S) (X one)**

- ARMY IG  AIR FORCE IG  NAVY IG  USMC IG  COAST GUARD IG  NATIONAL GUARD IG  DOD IG
- ARMY CHAIN OF COMMAND  AIR FORCE CHAIN OF COMMAND  NATIONAL GUARD CHAIN OF COMMAND  NAVY CHAIN OF COMMAND
- USMC CHAIN OF COMMAND  COAST GUARD CHAIN OF COMMAND  SPACE FORCE CHAIN OF COMMAND  ARMY CID  NCIS
- AFOSI  CGIS  NG OCI  ARMY LAW ENFORCEMENT  AIR FORCE LAW ENFORCEMENT  NAVY LAW ENFORCEMENT
- MARINE CORPS LAW ENFORCEMENT  COAST GUARD LAW ENFORCEMENT  MEO ADVISOR/REPRESENTATIVE (ARMY)
- MEO ADVISOR/REPRESENTATIVE (AIR FORCE)  MEO ADVISOR/REPRESENTATIVE (NAVY)  MEO ADVISOR/REPRESENTATIVE (MARINES)
- MEO ADVISOR/REPRESENTATIVE (COAST GUARD)  MEO ADVISOR/REPRESENTATIVE (NATIONAL GUARD)  NON-DOD ENTITY

**97. INVESTIGATIVE CASE NUMBER**

**98. DEFENSE CASE ACTIVITY TRACKING SYSTEM (IG) CASE NUMBER**

**99. DATE INVESTIGATIVE ACTIVITY OPENED (MM/DD/YYYY)**

**100. INVESTIGATIVE ACTIVITY COMPLETED? (X one)**

- YES  NO

**101. DATE INVESTIGATIVE ACTIVITY COMPLETED (MM/DD/YYYY)**

**102. RESULTS OF THE INVESTIGATION PROVIDED TO RETALIATION REPORTER? (X one)**

- YES, RESULTS PROVIDED TO THE REPORTER
- NO, RESULTS NOT PROVIDED TO THE REPORTER

**103. IF NO, REASON (RESULTS OF THE INVESTIGATION NOT PROVIDED TO RETALIATION REPORTER) (X one)**

- REPORTER SEPARATED FROM THE SERVICE  REPORTER IS ABSENT WITHOUT LEAVE  REPORTER DIED  OTHER

**104. IF NO, OTHER REASON (WHY RESULTS OF THE INVESTIGATION NOT PROVIDED TO RETALIATION REPORTER)**

**105. IS RETALIATOR KNOWN? (X one)**  YES  NO

**106. RETALIATOR TYPE (X one)**

**107. RETALIATOR NAME**

a. LAST \_\_\_\_\_

b. FIRST \_\_\_\_\_

c. MIDDLE \_\_\_\_\_

- MILITARY  DOD CIVILIAN  DOD CONTRACTOR  OTHER GOVERNMENT CIVILIAN

- U.S. CIVILIAN  FOREIGN NATIONAL  FOREIGN MILITARY  UNKNOWN

**108. IS DOD ID NUMBER AVAILABLE? (X one)**

- YES  NO

**109. IF YES, RETALIATOR DOD IDENTIFICATION NUMBER**



**DEFENSE SEXUAL ASSAULT INCIDENT DATABASE (DSAID) DATA FORM**

**110. RETALIATOR GENDER** (*X one*)  MALE  FEMALE

**111. RETALIATOR AFFILIATION** (*X one*)

ARMY  NAVY  AIR FORCE  MARINE CORPS  SPACE FORCE  COAST GUARD  DOD  NOAA  PUBLIC HEALTH  N/A

**112. RETALIATOR DUTY STATUS** (*X one*)

ACTIVE DUTY  RESERVE  NATIONAL GUARD (NG)

**113. RETALIATOR DUTY ASSIGNMENT** (*X one*)

RECRUITER  INSTRUCTOR  DRILL SERGEANT  DRILL INSTRUCTOR  N/A

**114. RETALIATOR NATIONAL GUARD SERVICE** (*X one*)

TITLE 10  TITLE 32

**115. RETALIATOR PAY GRADE AT TIME OF INCIDENT**

**116. RELATIONSHIP BETWEEN ALLEGED RETALIATOR(S) AND RETALIATION REPORTER** (*X one*)

- ALLEGED RETALIATOR(S) IS A SUPERIOR IN THE CHAIN OF COMMAND OF THE REPORTER
- ALLEGED RETALIATOR(S) IS A SUPERIOR NOT IN THE CHAIN OF COMMAND OF THE REPORTER
- ALLEGED RETALIATOR(S) IS JUNIOR IN GRADE TO REPORTER (IN OR OUTSIDE OF THE CHAIN OF COMMAND)
- ALLEGED RETALIATOR(S) IS A PEER, CO-WORKER, FRIEND, OR FAMILY MEMBER OF THE RETALIATION REPORTER
- ALLEGED RETALIATOR(S) IS ASSOCIATED WITH ALLEGED PERPETRATOR OF SEXUAL ASSAULT
- ALLEGED RETALIATOR(S) IS A SERVICE PROVIDER OR OTHER OFFICIAL INVOLVED IN THE REPORT
- ALLEGED RETALIATOR(S) RELATIONSHIP IS UNKNOWN OR INVESTIGATION ONGOING
- ALLEGED RETALIATOR(S) IS THE ALLEGED PERPETRATOR OF SEXUAL ASSAULT

**117. RELATIONSHIP BETWEEN ALLEGED RETALIATOR AND ALLEGED PERPETRATOR OF SEXUAL ASSAULT** (*X one*)

- ALLEGED RETALIATOR(S) IS ALSO THE ALLEGED PERPETRATOR OF SEXUAL ASSAULT
- ALLEGED RETALIATOR(S) IS A SUPERIOR OF THE ALLEGED PERPETRATOR (IN OR OUTSIDE CHAIN OF COMMAND)
- ALLEGED RETALIATOR(S) IS JUNIOR IN GRADE TO THE ALLEGED PERPETRATOR (IN OR OUTSIDE CHAIN OF COMMAND)
- ALLEGED RETALIATOR(S) IS A PEER, CO-WORKER, FRIEND, OR FAMILY MEMBER OF THE ALLEGED PERPETRATOR
- ALLEGED RETALIATOR(S) AND ALLEGED PERPETRATOR HAVE NO DIRECT ASSOCIATION
- ALLEGED RETALIATOR(S) RELATIONSHIP IS UNKNOWN/INVESTIGATION ONGOING
- ALLEGED PERPETRATOR(S) RELATIONSHIP IS UNKNOWN/INVESTIGATION ONGOING