

DOMESTIC ABUSE VICTIM REPORTING OPTION STATEMENT

(Please read Privacy Act Statement before completing this form.)

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 136 and DoD Instruction 6400.06, Domestic Abuse Involving DoD Military and Certain Affiliated Personnel.

PRINCIPAL PURPOSE(S): Information on this form documents your decision of whether to file a restricted or unrestricted report of domestic abuse. This document is filed in accordance with the appropriate Military Department Family Advocacy Program System of Records Notice (SORN). The SORNs are:

Air Force: http://dpclo.defense.gov/privacy/SORNs/component/airforce/F044_AF_SG_Q.html;

Navy: <http://dpclo.defense.gov/privacy/SORNs/component/navy/N01752-1.html>;

Army: http://dpclo.defense.gov/privacy/SORNs/component/army/A0608-18_DASG.html.

ROUTINE USE(S): Please check the appropriate SORN (link provided above) to review specific Military Department routine uses. The DoD "Blanket Routine Uses" listed at http://dpclo.defense.gov/privacy/SORNs/blanket_routine_uses.html may apply to this document. Any release made pursuant to a "blanket routine use" will be reviewed to ensure the release is appropriate and consistent with the purpose for which the record was collected.

DISCLOSURE: Voluntary; however, if you decide not to provide certain information, it may impede the ability of the Military Department to provide effective management of care and support to you which have been established by the procedures of the domestic abuse prevention and response program.

1. REPORTING PROCESS AND OPTIONS DISCUSSED WITH THE VICTIM ADVOCATE

I, (Full name) _____, had the opportunity to talk with a Victim Advocate (VA), VA Supervisor, or Healthcare Provider (HCP) before selecting a reporting option.

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

INITIALS

I understand that law enforcement and command will be notified that I am a victim of domestic abuse and an investigation will be started. I understand I can receive medical treatment, advocacy services, and counseling. The full range of victim protection actions may be available to me, such as being separated from the offender or receiving a military protective order against the offender.

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

INITIALS

a. I understand that I can confidentially receive medical treatment, advocacy services, and counseling, but law enforcement and command will NOT be notified. My report will NOT trigger an investigation; therefore, no action will be taken against the offender as the result of my report.

INITIALS

b. I understand that there are exceptions to "Restricted Reporting" (see back). If an exception applies, limited details of my abuse may be revealed to satisfy the exception.

INITIALS

c. 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 domestic abuse to _____.

INITIALS

d. I understand that the VA or his/her supervisor will provide information that does not reveal my identity, nor that of my offender, to the responsible senior commander. This information is required for the purposes of public safety and providing command a clear picture of the type of domestic abuse incidents within their command to enhance the ability of command to provide a safe environment.

INITIALS

e. 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 or receiving a military protective order against the offender.

INITIALS

f. I understand that if I talk about my abuse to anyone other than designees under the "Restricted Reporting" option (VA, VA supervisor, or HCP), it may be reported to my command and law enforcement which could lead to an investigation.

INITIALS

g. I understand that I may change my mind and report this offense at a later time as an "Unrestricted Report," and law enforcement and the command will be notified. Delayed reporting may limit the ability to prosecute the offender. If the case goes to court, my VA and others providing care may be called to testify about any information I shared with them.

INITIALS

h. I understand that if I do not choose a reporting option at this time, the commander or designated person within the chain of command and law enforcement will be notified.

4. CHOOSE A REPORTING OPTION

| | |
|-----------------|--|
| INITIALS | a. Unrestricted Report. I elect Unrestricted Reporting and have decided to report that I am a victim of domestic abuse to command, law enforcement, or other military authorities for investigation of this crime. |
| INITIALS | b. Restricted Report. I elect Restricted Reporting and have decided to confidentially report that I am a victim of domestic abuse. The 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. |

5. RESTRICTED REPORT CASE NUMBER *(If applicable)*

| | |
|--|---------------------------|
| 6.a. SIGNATURE OF VICTIM | b. DATE (YYYYMMDD) |
| 7.a. SIGNATURE OF VICTIM ADVOCATE, VICTIM ADVOCATE SUPERVISOR, OR HEALTHCARE PROVIDER | b. DATE (YYYYMMDD) |

8. I have reconsidered my previous selection of "Restricted Reporting," and I would like to make an "Unrestricted Report" of my domestic abuse to authorities for a possible investigation.

| | |
|--|---------------------------|
| a. SIGNATURE OF VICTIM | b. DATE (YYYYMMDD) |
| c. SIGNATURE OF VICTIM ADVOCATE, VICTIM ADVOCATE SUPERVISOR, OR HEALTHCARE PROVIDER | d. DATE (YYYYMMDD) |

EXCEPTIONS TO "RESTRICTED REPORTING"

In cases in which a victim elects restricted reporting, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure would be for the following reasons:

1. Named individuals when disclosure is authorized by the victim in writing.
2. Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person, including dependent children.
3. FAP and any other agencies authorized by law to receive reports of child abuse or neglect when, as a result of the victim's disclosure, the VA or HCP has a reasonable belief that child abuse has also occurred. However, disclosure will be limited only to information related to the child abuse.
4. Disability Retirement Boards and officials when disclosure by a HCP is required for fitness for duty for disability retirement determinations, limited to only that information which is necessary to process the disability retirement determination.
5. Supervisors of the VA or HCP when disclosure is required for the supervision of direct victim treatment or services.
6. Military or civilian courts of competent jurisdiction when a military, Federal or State judge issues a subpoena for the covered communications to be presented to the court or to officials or entities when the judge orders such disclosure; or to other officials or entities when required by Federal or State statute or applicable U.S. international agreement.