

DEPARTMENT OF HOMELAND SECURITY  
U.S. Coast Guard  
**SEXUAL ASSAULT INCIDENT REPORT**

Information contained in this report is uncorroborated initial reporting and may change.

For an Unrestricted Report of Sexual Assault when the victim is an Active Duty service member or a Reservist on Active Duty or in a drill status, the victim's command shall complete the Sexual Assault Incident Report within 72 hours of the report. When the victim is not an Active Duty service member or a Reservist on Active Duty or in a drill status, but the subject is an Active Duty service member or a Reservist on Active Duty or in a drill status, the subject's command shall complete the Sexual Assault Incident Report within 72 hours of the report. This form shall be submitted via e-mail to the first O-6 in the victim's and/or subject's chain of command and also to the first flag officer in the victim's and/or subject's chain of command. In the event that notification cannot be completed within 72 hours, the submitting command shall send an e-mail update stating the circumstances of delay. All commands must also submit a copy via e-mail to their Sexual Assault Response Coordinator (SARC).

If the victim is not an Active Duty service member or a Reservist on Active Duty or in a drill status, the information in the Victim Information section can be left blank after checking the corresponding box.

If the subject is not an Active Duty service member or a Reservist on Active Duty or in a drill status, the information in the Subject Information section can be left blank after checking the corresponding box.

**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/Department of Defense 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 U.S. Coast Guard 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 Point of Contact (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 (mm/dd/yyyy)	

**COMMANDER'S RESPONSIBILITIES**

8. Date incident reported to Coast Guard Investigative Service (CGIS) (mm/dd/yyyy)		9. Military Protective Order (MPO) issued (CG-6070) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 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 (mm/dd/yyyy):					
16. O-6 or above POC					
Last Name	First Name	MI	E-mail	Phone Number	

**Victim Information**

☐ Check if not applicable because victim is not an Active Duty service member or a Reservist on Active Duty or in a drill status.

17. Unit where victim was assigned at time of incident		18. DEPT ID (xxxxxx)		19. Check if same as submitting authority: <input type="checkbox"/>	
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					
<input type="checkbox"/> Check if not applicable because subject is not an Active Duty service member or a Reservist on Active Duty or in a drill status.					
29. Unit where subject was assigned at time of incident			30. DEPT ID (xxxxxx)		31. Check if same as submitting authority: <input type="checkbox"/>
32. Service Affiliation		33. If other than Coast Guard, explain			
34. Rank	35. Rate ( <i>enlisted</i> )	36. Age	37. Gender	38. Department/Division	
39. Date of entry into service ( <i>mm/dd/yyyy</i> ):		40. Date current tour began ( <i>mm/dd/yyyy</i> ):		41. As of this date was the subject removed from assigned Unit?	
42. Subject's Commanding Officer/Officer in Charge ( <i>OIC</i> )					
Last Name		First Name		MI	E-mail
					Phone Number
43. Initial disposition authority POC					
Last Name		First Name		MI	E-mail
					Phone Number
44. Date initial disposition authority was notified of the sexual assault ( <i>mm/dd/yyyy</i> ):		45. Pre-trial confinement <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		46. Date pre-trial confinement put into place ( <i>mm/dd/yyyy</i> ):	
SARC RESPONSIBILITIES					
47. Date of incident ( <i>mm/dd/yyyy</i> ):		48. Location of incident		49. Date incident reported to command ( <i>mm/dd/yyyy</i> ):	
50. Date VA assigned ( <i>mm/dd/yyyy</i> ):		51. Date case number assigned ( <i>mm/dd/yyyy</i> ):		52. Date victim was referred to medical ( <i>mm/dd/yyyy</i> ):	
53. Date of Sexual Assault Forensic Exam ( <i>SAFE</i> ), if conducted ( <i>mm/dd/yyyy</i> ):			54. Location where <i>SAFE</i> conducted		
55. <i>SAFE</i> not conducted, why?		Other			
56. Date the victim signed the Victim Reporting Preference Statement, Form CG-6095 ( <i>mm/dd/yyyy</i> ):			57. Date the victim was made aware of counseling and Chaplain services ( <i>mm/dd/yyyy</i> ):		
58. Date the victim was offered Special Victim Counsel ( <i>SVC</i> ) services ( <i>mm/dd/yyyy</i> ):			59. Date the victim was briefed on local resources (CG-SUPRT, DoD Safe Helpline, etc) ( <i>mm/dd/yyyy</i> ):		
60. Date the first SAPR CIT met or is scheduled to meet ( <i>mm/dd/yyyy</i> ):					
61. <b>CGIS Agent Point of Contact</b>					
Last Name		First Name		MI	E-mail
					Phone Number
62. <b>CGIS Case Agent Point of Contact</b>					
Last Name		First Name		MI	E-mail
					Phone Number
63. <b>Servicing Legal Office Point of Contact</b>					
Last Name		First Name		MI	E-mail
					Phone Number
64. <b>Medical Representative Point of Contact</b>					
Last Name		First Name		MI	E-mail
					Phone Number
65. <b>Submitting Authority Signature</b>					
Last Name		First Name		MI	