

# VICTIM REPORTING PREFERENCE STATEMENT

## PRIVACY ACT STATEMENT

**AUTHORITY:** Section 301 of Title 5 U.S.C. and Chapter 55 of Title 10 U.S.C.

**PRINCIPAL PURPOSE(S):** Information on this form will be used to document elements of the abuse response and/or reporting process and comply with the procedures set up to effectively manage abuse incidents.

**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, safety planning, and support required by the procedures of domestic abuse prevention and response programs.

### 1. Reporting process and options discussed with the Victim Advocate (VA), Healthcare Provider (HCP) or VA supervisor:

I, \_\_\_\_\_, had the opportunity to talk with a VA, HCP, or the VA supervisor before selecting a reporting option.

### 2. The following applies to Unrestricted Reporting:

I understand that law enforcement, the offender's unit commander, and my unit commander (if applicable) will be notified of my report that I am a victim of domestic abuse. A law enforcement investigation will occur. I understand that I can receive medical treatment, advocacy services, support, and counseling. I also understand that I can request to be separated from the offender, that a military protective order can be issued to enforce that separation, and that I can also pursue a civilian order of protection through the local courts. I understand that if I do not choose a reporting option at this time, the offender's unit commander, my unit commander (if applicable), and investigators will be notified.

\_\_\_\_\_  
Initial

\_\_\_\_\_  
Date

### 3. The following applies to Restricted Reporting:

- a. I understand that I can confidentially receive medical treatment, advocacy services, support, and counseling. Law enforcement and command-will NOT be notified. My report will NOT initiate an investigation; therefore, no action will be taken against the offender as the result of my report.
- b. I understand that there are exceptions to "Restricted Reporting" (see exceptions in paragraph 4). If an exception applies, limited details of my allegation may be revealed to satisfy the exception. Further disclosure will not be made unless I authorize the disclosure in writing.
- c. I understand that if I do not choose a reporting option at this time, the commander (or designated persons within the chain of command) and law enforcement will be notified.
- d. I understand that state laws, local laws or international agreements may limit some or all of the restricted reporting protections explained to me. In (state/country) \_\_\_\_\_, medical authorities must report the abuse to \_\_\_\_\_ (if applicable).
- e. I understand that the VA or his/her supervisor will provide aggregate and non-identifying information to command officials. This information will give commanders a clearer picture as to the number and type of domestic abuse incidents within their command, and enhance the commanders' ability to provide an environment that is safe and contributes to the well-being and mission-readiness of all.
- f. I understand that if I make a "Restricted Report", after 1 year any evidence collected will be destroyed and no longer available for any future investigation or prosecution efforts.
- g. I understand that if I talk about my abuse to anyone other than the HCP, VA, or VA supervisor, it may be reported to command and law enforcement which could lead to an investigation.
- h. I understand that Restricted Reporting does not extend to offenders who seek services.
- i. I understand that the VA or HCP, and their supervisors, may discuss the details of my case to ensure effective delivery of services when receiving supervision.
- j. I understand that I may change my mind and report the abuse at a later time as an "Unrestricted Report", law enforcement and command will be notified. I also understand delayed reporting may limit the ability to prosecute the alleged offender. If the case goes to a judicial proceeding, my VA and others providing care may be called to testify about any information I disclosed.

\_\_\_\_\_  
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### 4. EXCEPTIONS to Restricted Reporting

- a. Named individuals when disclosure is authorized by the victim in writing.
- b. 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.
- c. 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.
- d. 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.
- e. Supervisors of the VA or HCP when disclosure is required for the supervision of direct victim treatment or services.
- f. 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 other 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

### 5. Choose a reporting option:

\_\_\_\_\_ **Unrestricted Report:** I elect unrestricted reporting and have decided to report that I am a victim of domestic abuse to law enforcement, command, or other military authorities for investigation of the incident.

\_\_\_\_\_ **Restricted Report:** I elect restricted reporting and have decided to confidentially report that I am a victim of domestic abuse. 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 above applies. I understand the information I provide will not start an investigation or be used to punish the alleged offender with respect to this report.

**Restricted Reporting Case Number:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Victim**

\_\_\_\_\_  
**Signature of VA, HCP, or VA Supervisor**

\_\_\_\_\_  
**YYYYMMDD**

\_\_\_\_\_  
**YYYYMMDD**

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

\_\_\_\_\_  
**Signature of Victim**

\_\_\_\_\_  
**Signature of VA, HCP, or VA Supervisor**

\_\_\_\_\_  
**YYYYMMDD**

\_\_\_\_\_  
**YYYYMMDD**