

LINE OF DUTY DETERMINATION FOR RESTRICTED REPORT OF SEXUAL ASSAULT

PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 8013, Secretary of the Air Force.

PURPOSE: To allow a member to confidentially disclose a sexual assault to specified individuals (i.e., SARC, SAPR VA or healthcare personnel) and receive medical treatment, including emergency care, counseling and assignment of a SARC and SAPR VA, without triggering an official investigation.

ROUTINE USES: Disclosures generally permitted under 5 U.S.C., 552a(b) of the Privacy Act.

DISCLOSURE: Voluntary. However, if you decided not to provide certain information, it may impede your ability to obtain certain benefits and/or compensation.

SORN: F036 AF PC C, Military Personnel Records System.

1. REPORT DATE:	2. DATE OF INCIDENT:	3. DEFENSE SEXUAL ASSAULT INCIDENT DATABASE CASE NUMBER:									
4. MEMBERSHIP AND DUTY STATUS (X as applicable)		d. Duration of Orders or IDT Date and Time									
<input type="checkbox"/> a. AFR <input type="checkbox"/> b. ANG <input type="checkbox"/> c. AFROTC Cadet		<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th></th><th style="text-align: center;">DATE</th><th style="text-align: center;">TIME</th></tr></thead><tbody><tr><td>START</td><td></td><td></td></tr><tr><td>END</td><td></td><td></td></tr></tbody></table>		DATE	TIME	START			END		
	DATE	TIME									
START											
END											
6. DUTY STATUS DETERMINATION		<p>REPORTED INCIDENT OCCURRED WHILE MEMBER WAS IN A DUTY STATUS <input type="checkbox"/> YES <input type="checkbox"/> NO</p>									
7. WING SARC											
a. DATE	b. NAME AND RANK	SIGNATURE									
8. JFHQ SARC (ANG ONLY)											
a. DATE	b. NAME AND RANK	SIGNATURE									
9. LOD DETERMINATION REVIEW AUTHORITY (ARC/A1)											
a. DATE	b. NAME AND RANK	SIGNATURE									

10. REMARKS