

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD

VICTIM ADVOCATE SUPERVISOR STATEMENT OF UNDERSTANDING

I am the supervisor of a Victim Advocate (VA); I have been briefed by the Employee Assistance Program Coordination (EAPC)/Sexual Assault Response Coordinator (SARC) on the VA roles and responsibilities. **(initials)**_____

I understand if the VA is working after duty hours on a case, the VA may not be able to report to work the following morning. **(initials)**_____

I understand that the VA may have to accompany victim to various other referral appointments, and if a case proceeds to an Article 32, Uniform Code of Military Justice, investigative hearing, a court-martial, or civilian criminal proceedings the VA may be absent from the work area for the duration of the hearing/trial. **(initials)**_____

I understand I will be informed of any absences from the workplace as soon as possible, and if the mission dictates the VA must report to work for normal duty hours, every effort will be made to afford them compensatory time as soon as possible after the event.
(initials)_____

I understand the VA will not report any details of the case to me, nor will I ask them for any details. **(initials)**_____

I understand the responsibilities of the VA and am willing to support them. **(initials)**_____

If I should encounter any problems or concerns, I will contact the EAPC/SARC.
(initials)_____

PRIVACY ACT STATEMENT

AUTHORITY: Section 301 of Title 5, United States Code and Chapter 55 of Title 10, United States Code.

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

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 and support required by the procedures of the sexual assault prevention and response program.

Supervisor's Printed Name

VA's Printed Name

Supervisor's Signature

Date Signed

VA's Signature

Date Signed

EAPC/SARC Signature

Date Signed