

COAST GUARD (CG) FAMILY ADVOCACY INCIDENT REPORT**PRIVACY ACT STATEMENT**

AUTHORITY: 5 USC 301; 14 USC 632; 44 USC Chapters 29, 31 and 33; 10 USC 1058 and 1059; COMDTINSTs 1752.1 (series) and 1754.16 (series)

PRINCIPAL PURPOSE: To identify and record information on incidents of child and adult partner abuse and neglect and provide protection and treatment to military members and their families.

ROUTINE USES: To verify that Family Advocacy Program (FAP) clients are informed of the limits of confidentiality in accepting FAP services. Incident data, risk assessments, safety and treatment plans are used to determine what course of action is needed to ensure that the right services and treatment are provided to FAP clients. Information is also used for quality assurance purposes to improve FAP services. FAP personnel use the data to identify incidence and prevalence rates and trends, track involved families, and to justify appropriate resource allocation. Information provided on this form will not be disclosed externally except in accordance with DHS/USCG-028 Family Advocacy Case Records Systems of Records, 73 FR 77782 (December 19, 2008).

DISCLOSURE: Voluntary; however, failure to provide information may delay the provision of appropriate services to the individual.

I. Initial Incident Information

Incident Number	Report Type	Country	State
Parent Incident	MTF	Unit	Incident Date
Region	Office		

II. Incident Information

Referral Source	Referral Date	Type of Victim	
Incident Status	Incident Close Date	Incident Close Reason	
Type of Maltreatment Physical Neglect Emotional Sexual		FAS Assigned	
Date Transferred	Type of Transfer	Transferred To	Transferred From

If incident has 'MET CRITERIA', form is electronically completed. IF 'DID NOT MEET CRITERIA', sections III through X will be blank.

III. Sponsor Data Sponsor Role in Incident:

Last Name	First Name	Middle Name	Cadency (e.g. Jr.)	
EMPLID	Personnel Type	Personnel Type (Uniform):		
		Branch of Service	Status	Rank

IV. Victim Data

Last Name	First Name	Middle Name	Cadency (e.g. Jr.)	
ID Number	Gender	Birth Date	Marital Status	Education Level
Race	Substance Use in Incident Alcohol Drugs Unknown None		Incident Occurred on Military Installation	
Victim Status		Victim Status (Deceased)	Fatality Date	
Victim Previously Known			Offender Previously Known	

V. Alleged Offender Data					
Last Name		First Name		Middle Name	Cadency (e.g. Jr.)
ID Number	Gender	Birth Date	Marital Status		Education Level
Personnel Type		Personnel Type (Uniform):			
		Branch of Service	Status	Rank	
Race			Substance Use in Incident		
			Alcohol Drugs Unknown None		
Relationship to Victim			Relationship to Victim: Extra familial (DoD or CG Sanctioned)		
			Type of Caregiver:		
Additional Alleged Offenders			Alleged Offenders ID Numbers		
VI. Severity					
Severity for each type of maltreatment:					
Physical			Neglect		
Emotional			Sexual		
VII. Original Allegations					
VIII. Impressions					
IX. Services Provided By					
Offender Services Provided By			Victim Services Provided By		
X. Services Recommended					
XI. Family Advocacy Specialist or Other Authenticating Person					
Typed Name			Signature		
Title (if not FAS)			Date Signed		