USMC DISCRIMINATION AND SEXUAL HARASSMENT (DASH) REPORT TO CMC (MPE) Part 1 of 5

The major command will notify the CMC (MPE) via DASH within 20 days of an immediate commander receiving a formal allegation of discrimination to include sexual harassment. The complaint will be entered into the DASD by the installation EO Advisor. The format for the initial DASH report is contained in the following five part form. LEAVE DATA ELEMENTS BLANK WHEN INFORMATION IS UNAVAILABLE OR DETERMINATIONHAS NOT BEEN MADE. After filing an INITIAL DASH report with CMC (MPE), use Part 1A (DASH Status Update Report) to provide further update and/or to report FINAL closure of this incident.

1. INCIDENT DISCRIPTION	DATE INITIATED:	
(A) INCIDENT NUMBER: of	(B) DATE REPORTED:	
(C) REPORT TYPE: Initial Continuation Final	(D) REPORTING SERVICE:	
(E) UIC/MCC:	(F) POC: PHONE: LOCATION:	
(G) DATE(S) OF INCIDENT: FROM: TO:	(H) TYPE OF DISCRIMINATION:	
(I) LOCATION:	(J) REPORTED THROUGH:	
(K) SENSITIVITY:		
(L) DISCRIPTION OF INCIDENT:		
Incident No: Date P	rinted:	Page 1

USMC DISCRIMINATION AND SEXUAL HARASSMENT (DASH) REPORT TO CMC (MPE) Part 2 of 5

PRIVACY ACT STATEMENT Requiring Document: MCO P5354.1D, Marine Corps Equal Opportunity Manual. Sponsor Code: CMC (MPE). Authority: Title 5 U.S. Code 301; Title 10. Privacy Act of 1974, as amended by Title 5 U.S. Code 522a. Principle purpose: Statistical data collection and tracking of complaints received. Routine uses: Used to track resolution of complaints and/or allegations of discriminations or sexual harassment received by a unit through formal reporting channels. Disclosure of the requested information is voluntary. Failure to disclose the requested information may result in delay of the resolution process or inhibit the ability of the command to effectively process the complaint and promote the goals of the Marine Corps Equal Opportunity Program.

ability of the command to effectively process the compl	laint and promote the goals of the Marine	Corps Equal Opportunity Program.	
Signature of this Recipient:		Date:	
2. RECIPIENT INFROMATION: (REPEAT FOR EACH RECIPIENT)		DATE INITIATED:	
(A) RECEIPIENT NUMBER: of	(B) COMPONENT:	(C) PAY GRADE:	
(D) GENDER: MALE FEMALE	(E) RACE/ETHNICITY:	(F) ALCOHOL USE SUSPECTED:	
(G) <u>RECIPIENT PERSONAL INFORMATION:</u> (RE	QUIRES PRIVACY ACT STATEMENT TO I	BE SIGNED BY RECIPIENT)	
(1) LAST NAME:	(2) FIRST NAME:	(3) MIDDLE INITIAL:	
(4) SSN:	(5) DATE OF BIRTH:		
(6) LOCAL ADDRESS:			
(7) CITY:	(8) STATE:	(9) ZIP CODE:	
(10) COML PHONE:	(11) DSN PHONE:	(12) MARITAL STATUS:	
(13) RELIGION:		(14) MILITARY/CIVILIAN:	
3. RECIPIENT MILITARY INFORMATION:			
(1) MAJOR COMMAND: (NAME)	(2) GRADE: (CORPORAL, ECT.)	(3) MOS:	
(4) STATUS:	(5) DUTY STATUS AT TIME OF INCIDENT:	(6) ACTIVE DUTY SERVICE DATE:	
(7) ROTATION DATE:	(8) EAS:	(9) UIC/RUC:	
(10) FUTURE MCC:	(11) CO NAME/GRADE:		
(12) CO PHONE NUMBER:			
Incident No:	Date Printed:		Page 1

USMC DISCRIMINATION AND SEXUAL HARASSMENT (DASH) REPORT TO CMC (MPE) Part 3 of 5

PRIVACY ACT STATEMENT Requiring Document: MCO P5354.1D, Marine Corps Equal Opportunity Manual. Sponsor Code: CMC (MPE). Authority: Title 5 U.S. Code 301; Title 10. Privacy Act of 1974, as amended by Title 5 U.S. Code 522a. Principle purpose: Statistical data collection and tracking of complaints received. Routine uses: Used to track resolution of complaints and/or allegations of discriminations or sexual harassment received by a unit through formal reporting channels. Disclosure of the requested information is voluntary. Failure to disclose the requested information may result in delay of the resolution process or inhibit the ability of the command to effectively process the complaint and promote the goals of the Marine Corps Equal Opportunity Program.

Signature of the Alleged Offender:		Date:	
2. ALLEGED OFFENDER INFROMATION: (REPEAT FOR EACH ALLEGED OFFENDER)		DATE INITIATED:	
(A) ALLEGED OFFENDER NUMBER: of	(B) COMPONENT:	(C) PAY GRADE:	
(D) GENDER: MALE FEMALE	(E) RACE/ETHNICITY:	(F) RELATIONSHIP TO RECIPIENT;	
(G) ALCOHOL USE SUSPECTED: YES NO U	nknown		
(H) ALLEGED OFFENDER PERSONAL INFORMAT	FION: (REQUIRES PRIVACY ACT STAT	EMENT TO BE SIGNED BY RECIPIENT)	
(1) LAST NAME:	(2) FIRST NAME:	(3) MIDDLE INITIAL:	
(4) SSN:	(5) DATE OF BIRTH:		
(6) LOCAL ADDRESS:			
(7) CITY:	(8) STATE:	(9) ZIP CODE:	
(10) COML PHONE:	(11) DSN PHONE:	(12) MARITAL STATUS:	
(13) RELIGION:		(14) MILITARY/CIVILIAN:	
(I). ALLEGED OFFENDER MILITARY INFORMATION	ΓΙΟΝ:		
(1) MAJOR COMMAND: (NAME)	(2) GRADE: (CORPORAL, ECT.)	(3) MOS:	
(4) STATUS:	(5) DUTY STATUS AT TIME OF INCIDENT:	(6) ACTIVE DUTY SERVICE DATE:	
(7) ROTATION DATE:	(8) EAS:	(9) UIC/RUC:	
(10) FUTURE MCC:	(11) CO NAME/GRADE:		
(12) CO PHONE NUMBER:			
Incident No:	Date Printed:		Page 1

USMC DISCRIMINATION AND SEXUAL HARASSMENT (DASH) REPORT TO CMC (MPE) Part 4 of 5			
4. INCIDENT DISPOSITION/RESOLUTION		DATE PREPARED:	
REPEAT THIS PAGE FOR EVERY ALLEGED OFFENDER:			
ALLEGED OFFENDER'S NAME: (LAST, FIRST, MI)			
(A) DATE ACTION COMPLETED:	(B) CLOS	URE CODE: SUBSTANIATED/UNSUBSTANIATED	
(C) ACTION TAKEN: ADMINISTRATIVE JUDICI	AL		
IF ADMINISTRATIVE:	IF JUDIC	IAL:	
NARRATIVE OF ADMINISTRATIVE ACTION TAKEN:			
(D) JUDICIAL TRIAL RESULTS:			
(E) MILITARY SENTENCE:			
(F) CIVILIAN SENTENCE:			
NARRATIVE OF MILITARY TRIAL / CIVILIAN RESULTS: Military Results:			
Civilian Results:			
(G) CONVENING APPROVAL:			
NARRATIVE OF APPROVING AUTHORITY RESULTS, (IF REQUIRED):		
Incident No: Date	Printed:		Page 2

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USMC DISCRIMINATION AND SEXUAL HARASSMENT (DASH) REPORT TO CMC (MPE) Part 5 of 5

PRIVACY ACT STATEMENT Requiring Document: MCO P5354.1D, Marine Corps Equal Opportunity Manual. Sponsor Code: CMC (MPE). Authority: Title 5 U.S. Code 301; Title 10. Privacy Act of 1974, as amended by Title 5 U.S. Code 522a. Principle purpose: Statistical data collection and tracking of complaints received. Routine uses: Used to track resolution of complaints and/or allegations of discriminations or sexual harassment received by a unit through formal reporting channels. Disclosure of the requested information is voluntary. Failure to disclose the requested information may result in delay of the resolution process or inhibit the ability of the command to effectively process the complaint and promote the goals of the Marine Corps Equal Opportunity Program.

Signature of the this Witness:		Date:	
2. ALLEGED OFFENDER INFROMATION	ON: (REPEAT FOR EACH WITNESS)	DATE INITIATED:	
(A) WITNESS NUMBER:			
(B) LAST NAME:			
(C) FIRST NAME:			
(D) MIDDLE INITIAL:			
(E) GENDR:			
(F) REQUESTS ANONIMITY:			
(G) COMPONENT:			
(H) GRADE: (CORPORAL, ECT.)			
(I) LOCAL ADDRESS:			
(J) CITY:			
(K) STATE:			
(L) ZIPCODE:			
(M) PHONE (COML WORK):			
(N) DSN:			
(O) RELATIONSHIP TO RECIPIENT:			
(P) MILITARY/ CIVILIAN:			
LOCAL USE OF THIS SPACE TO RECORD	SUMMARY BY THE WITNESS: (NOT SENT	T TO CMC MPE)	
Incident No:	Date Printed:		Page 2

USMC DISCRIMINATION AND SEXUAL HARASSMENT (DASH) REPORT TO CMC (MPE) Part 1A STATUS UPDATE REPORT

Formal complaints or allegations not resolved during the initial 20 day period require additional action in accordance with chapter 5 of MCO P5354.1D. The format for these additional reports is listed below. Action is complete when all actions, to include administrative separation processing has been completed, or the commander has determined the allegation to be unsubstantiated, or the alleged offender is found innocent as a court-martial/civilian court. Final update status will also be submitted in the following format.

1. COMPLAINT IDENTIFIER	(A) INCIDENT NUMBER:
(B) TODAY'S DATE:	(C) REPORT TYPE: ☐ CONTINUATION ☐ FINAL
	PHONE:
(D) COMMAND POC:	LOCATION:
4. DISPOSITION INFORMATION (REPEAT FOR EACH ALLEGED OFFEN	NDER)
ALLEGED OFFENDER'S NAME: (LAST, FIRST, MI)	
(A) DATE ACTION COMPLETED:	(B) CLOSURE CODE: SUBSTAN/INSUB
(C) ACTION TAKEN: \square ADMINISTRATIVE \square JUDICIAL	
IF ADMINISTRATIVE:	IF JUDICIAL:
NARRATIVE OF ADMINISTRATIVE ACTION TAKEN:	
(D) JUDICIAL TRIAL RESULTS:	
(E) MILITARY SENTENCE:	
(F) CIVILIAN SENTENCE:	
(G) NARRATIVE OF MILITARY TRIAL / CIVILIAN RESULTS: Military Results:	
Civilian Results:	
(H) CONVENING APPROVAL: No	
NARRATIVE OF APPROVED AUTHORITY RESULTS, (IF REQUIRED):	
(I) DATE FINAL ACTION COMPLETED:	
INCIDENT NO:	