



CUI//OPSEC (When Filled Out)

Department of Commerce National Security Information Incident Report	
Part 1: To Be Completed by Individual Reporting the Incident	
Incident Reported By (Include full name, title, and organization):	Date and Time of Discovery:
Email Address:	Phone Number:
Location of Incident (include address and room number):	
Type of Incident (check all that apply):	
<input type="checkbox"/> Unsecure Classified Container or Area <input type="checkbox"/> Unauthorized Access <input type="checkbox"/> Improper Transmission <input type="checkbox"/> Inadvertent/Unauthorized Disclosure <input type="checkbox"/> Improper Storage <input type="checkbox"/> Improper Reproduction <input type="checkbox"/> Classified Spillage <input type="checkbox"/> Other _____	
Classification of Incident (check all that apply):	
<input type="checkbox"/> Top Secret <input type="checkbox"/> Secret <input type="checkbox"/> Confidential <input type="checkbox"/> SCI <input type="checkbox"/> Restricted Data <input type="checkbox"/> Formerly Restricted Data <input type="checkbox"/> NATO <input type="checkbox"/> FGI <input type="checkbox"/> COMSEC <input type="checkbox"/> Other _____	
Narrative Description of Incident (use additional pages, if necessary):	
Part 2: To Be Completed by OSY Personnel Employee Only	
Incident Report Received By (Include full name, title, and organization):	
Incident Validated: <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain):	
Classified Information Has Been Secured or Remediated: <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain):	
Was an outside agency or their information involved? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the outside agency been contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No (Explain): <input type="checkbox"/> N/A	

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