

FOREIGN CONTACT WORKSHEET

Authority: 5 U.S.C. 301, Departmental Regulations; National Security Act of 1947, as amended, 50 U.S.C. 401, et.seq.; E.O. 9397 (SSN); E.O. 12333; DoD 5240.1-R, Procedures Governing the Activities of DoD Intelligence Components That Affect United States Persons.

Purpose(s): Information is used to assign, categorize and administratively track foreign travel, contacts, and incidents or concerns; monitor, analyze, and track counterintelligence activities; prepare and pursue investigations involving counterintelligence activities; and to collect data regarding unusual or suspicious events at or near agency facilities.

Routine uses: In addition to the statutory disclosures permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records may specifically be disclosed outside the agency as a routine use pursuant to 5 U.S.C. 552a(b)(3). Disclosures may be pursuant to DoD 'Blanket Routine Uses' published in the Federal Register at the beginning of the agency compilation of systems of records notices.

Disclosures: Disclosure of information is voluntary; however, failure to provide complete information may delay processing of the form.
Falls under B-RCS-700-03 for records retention.

Employee Information

SSN (last 4):		First Name:		Last Name:	
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Foreign Contact Details

Previously Reported:	Yes	No	Anticipated Contact		
Cessation of Contact:	Yes	No	Travel Companion		
Name – First:			Middle:		Last:
Alias:			Gender:		
Birthdate Known:					
Birth Country:			Birth City:		
Surname Telecode(s):					
Given Name Telecode(s):					

Citizenship(s)

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Relationship

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Other Relationship:	
Relative Type:	

Foreign Contact Address

Street Line 1:					
Street Line 2:					
City:		State/Province:		Postal Code:	
Country:					

Foreign Contact Employer Details

Employer:		Position:			
Street Line 1:					
Street Line 2:					
City:		State/Province:		Postal Code:	
Country:					

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Contact Details

Frequency:		Did you exchange contact info:	Yes	No
Contact Methods:				
Other Details: Enter any additional details and/or relationship changes regarding this contact <i>(Required if 'Other' Contact Method is selected)</i>				

First Contact

Any method of contact (i.e In-person, Phone, Email, Social Media etc).

Date:	
City:	
State/Province:	
Country:	

Last Contact

Any method of contact (i.e In-person, Phone, Email, Social Media etc).

Date:	
City:	
State/Province:	
Country:	

Contact Information

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Security Questions

Did the foreign national initiate contact?	Yes	No
Details:		
Are you aware of any known political, military and/or intelligence activities or affiliations by this contact (or their relatives or acquaintances)?	Yes	No
Details:		
Did the foreign contact express an undue interest in you, your employer, or the type of work you do?	Yes	No
Details:		
Is/was the foreign contact aware of U.S. Government employment, affiliation, and/or clearance status?	Yes	No
Details:		
Did you feel uncomfortable in any sense while in the presence of the foreign national?	Yes	No
Details:		
Did the foreign contact offer to arrange any special treatment for you?	Yes	No
Details:		
Did the foreign contact pay for anything or provide you with any gifts?	Yes	No
Details:		
Do you have any additional security or counterintelligence concerns regarding the foreign national(s) you reported?	Yes	No
Details:		
Do you have plans for future contact with this foreign contact?	Yes	No
Details:		