United States Department of Justice

Self Reportable Activities

ALCOHOL OR DRUG RELATED ADDICTION OR TREATMENT

PURPOSE OF THIS FORM

Department of Justice personnel or those processed for a security clearance by the Department incur a special and continuing security obligation to be aware of the risks associated with foreign intelligence operations and/or possible terrorist activities directed against them in the United States and abroad. In addition, all Department personnel have a responsibility to recognize and avoid on or off duty personal behaviors and activities that may adversely affect their employment or eligibility for access to classified information or eligibility to hold a sensitive position.

Pursuant to Policy Statement 1700.04, *Department of Justice Personnel Security Reporting Requirements*, all Department personnel and other covered personnel have specific reporting requirements. Only personnel unable to access the Department's iReport system should use this reporting form.

Please complete this form by providing specific details and submit to your Security Programs Manager or follow the instruction from your servicing Classified Information Security Officer (CISO). If you have any documentation to support the information reported (such as court documentation, treatment information, proof of payment) please include with your submittal.

PERSONAL INFORMATION

First Name	MI	Last Name	Last 4 SSN

Office/Component	Email Address	Office Phone

Home Address	Home Phone	Mobile Phone

CONTRACTOR INFORMATION (If applicable)

Company Name	COR Name

FSO Name	FSO Phone Number	FSO Email

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List Substance and Explain Circumstances Leading to Addiction or Treatment	Treatment Provider (To Include Contact Information)	Date(s) Treatment Provided

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EMPLOYEE SIGNATURE

☐ The information I have provided on this form is true, complete, and correct to the best of my knowledge and belief and are made in good faith in accordance with the Department of Justice Policy Statement 1700.04, Department Personnel Security Reporting Requirements.

Signature (electronic or print form)	Date

Privacy Act Notice: The Department of Justice is collecting this information for the purpose of evaluating your continued suitability, fitness and/or eligibility for access to classified information or to hold a sensitive position. Providing this information is voluntary; however, the information is necessary for suitability/fitness determination and/or continued eligibility to access classified information or hold a sensitive position. Failure to provide this information when in possession of reportable information could lead to administrative action to include revocation of such eligibility. Information collected is covered by Privacy Act System of Records Notice DOJ-006, Personnel Investigation and Security Clearance Records for the Department of Justice, 67 FR 59864 (9-24-2002). This information may be disclosed to contractors when necessary to accomplish an agency function, to law enforcement when there is a violation or potential violation of law, or in accordance with other published routine uses. For a complete list of routine uses, see the system of records notice listed above.

Submit to Security Programs Manager

If you are a participant in a CIPA or classified court case please submit to your CISO.

TO BE COMPLETED BY SPM/DESIGNATED SECURITY OFFICER/ CISO

(Provide information on any action taken by your Component in connection with this report)

SPM Submit to DSO