OMB Control Number 1652-NEW
Exp. xx/xx/xxxx

Insider Threat Incident Reporting Tool

1. Submitter Contact Information:

You are not required to provide your contact information when submitting a report using this form. However, if your contact information is incomplete, TSA may have limited ability to process or respond to your report.

First and Last Name:

Job Title/Role and Organization:

Phone Number:

Email Address:

2. Description of Incident:

Please Select One:

- ☐ **New Incident**
- ☐ **Existing Incident**

Date(s) of Incident(s):

Time of Incident:

Location(s) of Incident: (*Include State, City, Airport, Checkpoint, Station, as applicable*).

Description of Individual(s): (*Include specific details such as, physical features, clothing description).*

Description of Incident:

(Please enter a detailed description of the incident including any witness names and their contact information. Be as specific as possible describing the behavior or incident. Include what happened and how it was observed).

Impact Details (if applicable):

(*Please define the functional impact to the organization, e.g., system or application name, type of data, PII, level of access involved*).

Information of individual(s) involved in incident (*if available*):

Name of individual(s) involved:

Date of birth of individual(s) involved:

Employer of individual(s):

☐ **By checking here, I hereby certify that, to the best of my knowledge, the provided information is true and accurate.**

PAPERWORK REDUCTION ACT STATEMENT: TSA is collecting information concerning potential insider threats. The public burden for this voluntary collection of information is estimated to be approximately 10 minutes per response. Send comments regarding this burden estimate or any other aspect of this collection to: TSA-11, Attention: PRA 1652-NEW Insider Threat Incident Reporting Tool, TSAPRA@tsa.dhs.gov or 6595 Springfield Center Drive, Springfield, Virginia 20598-6011. An agency may not conduct or sponsor, and persons are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number assigned to this collection is 1652-NEW which expires xx/xx/xxxx.

PRIVACY ACT STATEMENT:
AUTHORITY: Executive Order 13587; 5 U.S.C. § 301; 44 U.S.C. § 3101; the Aviation and Transportation Security Act (ATSA), which authorizes the Transportation Security Administration (TSA) to ensure security in all modes of transportation, including passenger air transportation screening operations and other duties relating to transportation security; the Homeland Security Act of 2002, which aims to prevent terrorist attacks within the United States and reduce the country's vulnerability to terrorism; and DHS Directive 262-05-002, "Information Sharing and Safeguarding: Insider Threat Program," which establishes requirements, standards, and responsibilities for DHS agencies to implement an insider threat detection and prevention program.

PURPOSE: The information you provide will be used to identify, investigate, and mitigate potential insider threats to the Department's personnel, facilities, information, and systems.

ROUTINE USES: This information may be shared with appropriate federal, state, local, tribal, territorial, foreign, or international government agencies as necessary and permitted by the Privacy Act of 1974, 5 U.S.C. § 552a, and applicable routine uses as published in the applicable system of records notice (SORN) DHS/ALL-038 Insider Threat System of Records. This system of records allows DHS to establish capabilities to detect, deter, and mitigate insider threats.

DISCLOSURE: Providing this information is voluntary. However, failure to provide the requested information may limit the Department's ability to identify and respond to potential insider threats.