

Defense Security Service

Submission Form



Prepared By:

First Name

Last Name

Phone:

Email:

Ext.

The Defense Security Service Counterintelligence (DSS CI) Directorate relies heavily on the partnership it has with the Defense Industrial Base (DIB). Many times it is the information you provide that helps DSS CI identify unlawful penetrators of the DIB.

Company:

Cage Code:

(where the incident took place)

City

State

Zip

Date of Incident:

If a certain field is not applicable or unknown please annotate the respective field with "NA" or "Unknown."

Did this incident involve a specific individual(s)? Yes No

If yes, please provide identifying data:

Person of Interest:

Email:

First Name

Last Name

Representing:

Phone:

Company:

Address:

Street Address

Address Line 2

City

State / Province / Region

Zip

Country

How did you receive or encounter this incident:

Technology:

Does this incident relate to a specific technology or military program?

If yes:

What is the technology/military program?

Is the technology classified?

Is the technology export-controlled?

Export Control Classification Number

Is the technology ITAR controlled?

Technology Produced For:

i.e., U.S. Army, Navy, Missile Defense Agency

Contract Number:

What was your response to the individual(s) or incident:

Do you anticipate future contact?

Please provide a narrative synopsis of this encounter or incident:

Please include all correspondence, i.e., emails and headers, resumes, curriculum vitae (CVs), when submitting the form.

If feasible, the DSS CI Directorate requests that the form be submitted via the most secured means available to the company.