



**REPORT OF SECURITY VIOLATION**

LOCALE (Check)

REGIONAL  CENTRAL OFFICE

**INSTRUCTIONS**

1. Section I is to be executed in duplicate by the Document Security Officer.
2. Section II is to be executed in duplicate by the person responsible for a violation of the regulations pertaining to the safe-guarding of classified defense information.
3. The completed original is then to be forwarded to the GSA Security Officer not later than one full working day after a security violation occurs or is reported to the Document Security Officer.
4. Use reverse or additional sheets to continue explanations, if necessary.

**SECTION I - VIOLATION**

NAME OF VIOLATOR

TITLE AND DUTY STATION OF VIOLATOR

NATURE OF VIOLATION (State circumstances and facts relative to violation, including time, date and place; describe classified documents compromised or mishandled, and indicate agency of origin; describe actions or negligence of person involved or responsible; state what action has been taken to prevent such violation in the future.)

SIGNATURE OF DOCUMENT SECURITY OFFICER

OFFICIAL TITLE

DATE

**SECTION II - EXPLANATION OF PERSON RESPONSIBLE FOR VIOLATION**

STATEMENT OF VIOLATOR

SIGNATURE

DATE