

Insider Threat Program Memorandum of Activity

Inquiry Number:	Reporting Date:	Source of Information:
Date of Activity:	Date Report Drafted:	Location of Activity:
Type of Activity:	Subject of Inquiry:	Signature:

ACTION: Insider threat program manager (Name) _____ received a report from (Name of reporter) _____ regarding (Name of subject) _____.

The report was made to the Insider Threat Program based on the following:

The Insider Threat Program will take the following actions:

Coordinate/assess this referral with the Insider Threat Hub team.

OUTCOME/NEXT STEPS:

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FINAL DISPOSITION:

No further action required _____.