|  |  |  |
| --- | --- | --- |
| [Company][Street Address, City, ST ZIP Code] | Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

**Conversation Plan**

|  |  |
| --- | --- |
| Date | Employee/Contractor |
| [Select Date] | [Name}[Title] |
| Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time \_\_\_\_\_\_\_\_\_\_ |  Attendees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Incident Description

[Document incident here]

| Question | Response | Notes |
| --- | --- | --- |
| Are you aware of this activity? Do you accept responsibility for this activity? |  |  |
| Are you aware of the implications of this activity? |  |  |
| How long have you engaged in this activity? |  |  |
| How many times? Can you give specifics of each incident (date, time, location, with whom)? |  |  |
| Who else is supporting you in this activity? |  |  |
| Are you aware of the consequences of this activity? |  |  |
| Do you accept responsibility for these consequences? |  |  |
| Is there anything else I should know about this activity? |  |  |
| Have I explained the next steps to your complete understanding? |  |  |
|  |  |  |

Outcome

[Document outcome here]

Notification

[ ] Human Resources [ ] COTR

[ ] IT [ ] JPAS

[ ] Security Office [ ] Authorities (Police/FBI)

[ ] Legal

[ ] Executives