|  |  |
| --- | --- |
| Entity Name: |  |

A. Notification

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Date of notification to the individuals who may have had their information breached. | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| B. Incident Information | | | | | | | | | | | | | | | | | | | | |
| 1. Details of Incident: | | | | | | | | | | | | | | | | | | | |
| a) Date incident occurred: | | |  | | | | | | | | | | | | Unknown |
| b) Date incident detected: | | |  | | | | | | | | | | | | Unknown |
| c) Incident location: | | |  | | | | | | | | | | | | |
| d) General description: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| e) Media/Device type, if applicable: | | | | | | |  | | | | | | | | |
| Was the portable storage device encrypted? | | | | | | | | | | Yes  No | | | | |
| If NO, explain: |  | | | | | | | | | | | | | |
| f) Describe the costs associated with resolving this incident: | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| g) Total estimated cost of incident: | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| 2. Incidents involving personally identifiable information | | | | | | | | | | | | | | | | | | |
| a) Was personally identifiable information involved? | | | | | | | | | | | | | | | Yes  No (If No, go to Part C) | |
| Type of personally identifiable information (Check all that apply) | | | | | | | | | | | | | | |
| Name | | | | | | | | | | | | Health or Medical Information | | |
| Social Security Number | | | | | | | | | | | | Financial Account Number | | |
| Driver's License/State ID Number | | | | | | | | | | | | | | |
| Other (Specify) | | | | | | | | | | | | | | |
| b) Is a privacy disclosure notice required? | | | | | | | | | | Yes  No | | | | | | |
| c) If a Privacy Disclosure Notice is required, attach a copy of the notification. | | | | | | | | | | | | | | | | |
| d) Number of individuals affected: | | | | | | |  | | | | | | | | | |
| e) Date notification(s) made: | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| C. Corrective Actions Planned/Taken to Prevent Future Occurrences: | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| 1. Estimated cost of corrective actions: | | | | | | | | | |  | | | | | | | |
| 2. Date corrective actions will be fully implemented: | | | | | | | | | | | | | |  | | | |

D. Signatures:

|  |  |  |
| --- | --- | --- |
|  | |  |
|  |  |  |
| Printed Name of Information Security Officer | Signature of Information Security Officer | (Date) |
|  |  |  |
|  |  |  |
| Printed Name of Privacy Officer | Signature of Privacy Officer | (Date) |
| *(Required if privacy incident occurred whether or not notices were sent)* | | |
|  |  |  |
|  |  |  |
| Printed Name of Secretary/Director or Designee | Signature of Secretary/Director or Designee | (Date) |

Please submit (by secure e-mail) this completed Incident Report and a redacted copy of the notification letter to the following address:

[iso@dds.ca.gov](mailto:iso@dds.ca.gov)

**REVISION HISTORY**

|  |  |  |  |
| --- | --- | --- | --- |
| **REVISION** | **DATE OF RELEASE** | **OWNER** | **SUMMARY OF CHANGES** |
| **Initial Release** | **August 2016** | **Developmental Services Information Security Officer** |  |