

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)
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Printed Name of Privacy Officer <i>(Required if privacy incident occurred whether or not notices were sent)</i>	Signature of Privacy Officer	(Date)
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Printed Name of Secretary/Director or Designee	Signature of Secretary/Director or Designee	(Date)
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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

REVISION HISTORY

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