



AGENCY/CONTRACTOR	
1. Business Name:	
2. Business Address:	
CONTACT INFORMATION	
3. Incident Manager:	4. Telephone Number:
5. Email Address:	
INCIDENT DISCOVERED BY	
6. Name:	7. Telephone Number:
8. Email Address:	
INCIDENT DETAILS	
9. Date/Time of Incident:	10. Date Incident Detected:
11. Incident Description:	
12. Address Where Incident Occurred:	
13. County Where Incident Occurred:	
14. Reported to Law Enforcement? Yes No If Yes, Provide the Law Enforcement Agency and the Report Number. Agency: _____ Report Number: _____	
15. Media Device Type, If Applicable:	16. Was the Device Encrypted? Yes No Unknown



17. Type of Personally Identifiable Information (Check all that apply):	
No Personal Information Health or Medical Information Driver's License/State ID Number Other (Specify): _____	Social Security Number Financial Account Number Name

18. Is a Privacy Disclosure Notice Required? Yes No	19. Number of Individuals Affected:
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SIGNATURES

20. Agency/Contractor Information Security Officer:	Signature:	Date:
21. Agency/Contractor Privacy Officer:	Signature:	Date:
22. Authorized Signature/Director:	Signature:	Date:

CDA USE ONLY

CDA Incident Number:	CAL-CSIRS Report Number: