

STATE OF CALIFORNIA
 CALIFORNIA DEPARTMENT OF AGING
INFORMATION SECURITY INCIDENT REPORT PART A
 CDA 1025A (REV 12/2019)



This form is to be completed by the Incident Manager. For more information see, the Information Security Incident Forms Instructions (CDA 1025i).

REPORTING AGENCY/CONTRACTOR	
1. Business Name:	
2. Business Address:	
IMPACTED ENTITY	
3. Is this incident being reported on behalf of another entity? Yes, proceed to Question #4. No, proceed to "REPORTING CONTACT INFORMATION" section and Question #8.	
4. Entity Name:	
5. Entity Business Address:	
6. Entity Telephone Number:	
7. Entity Email Address:	
REPORTING CONTACT INFORMATION	
8. Incident Manager:	9. Telephone Number:
10. Email Address:	
INCIDENT DISCOVERED BY	
11. Name:	12. Telephone Number:
13. Email Address:	
INCIDENT DETAILS	
14. Date/Time of Incident:	15. Date Incident Detected:



16. Incident Description:			
17. Address where incident occurred:			
18. County where incident occurred:			
19. Reported to law enforcement?		Yes	No
If yes, provide the name of the law enforcement agency and the report number.			
Agency: _____			
Report Number: _____			
20. Media device type, if applicable:	21. Was the device encrypted?		22. Number of individuals affected:
	Yes No Unknown		
23. Type of protected information (check all that apply):			
Social Security Number	Financial Information	Name	
Health or Medical Information	Driver's License/State ID Number		
Other (Specify): _____			
No Protected Information Disclosed			
SIGNATURES			
24. Agency/Contractor Information Security Officer:	Signature:	Date:	
25. Agency/Contractor Privacy Officer:	Signature:	Date:	
26. Authorized Signature/Director:	Signature:	Date:	
CDA USE ONLY			
CDA Incident Number:	Cal-CSIRS Report Number:		
Is a breach notice required?	Yes No	Sample notification sent to Incident Manager?	
		Yes No	
Name of sample notification provided, if applicable:			