



<b>REPORTING AGENCY/CONTRACTOR</b>			
<b>1. Business Name:</b>			
<b>2. Business Address:</b>			
<b>REPORTING CONTACT INFORMATION</b>			
<b>3. Incident Manager:</b>	<b>4. Telephone Number:</b>		
<b>5. Email Address:</b>			
<b>INCIDENT INFORMATION</b>			
<b>6. CDA Incident Number:</b>	<b>CAL-CSIRS Number:</b>		
<b>7. Is there an update to form CDA 1025A?</b>	<b>Yes</b>	<b>No</b>	<b>Comments:</b>
<b>8. Has there been a Change of Scope?</b>	<b>Yes</b>	<b>No</b>	<b>Explanation:</b>
<b>9. Is a Privacy Disclosure Notice required?</b>	<b>Yes</b>	<b>No</b>	
<b>If Yes, has a Sample Notification been submitted for approval?</b>	<b>Yes</b>	<b>No</b>	
<b>INCIDENT ROOT CAUSE</b>			
<b>10. What was the Root Cause of the incident?</b>			



**CORRECTIVE ACTION PLAN**

<b>11. Corrective Action Plans attached?</b>	<b>Yes</b>	<b>No</b>
*Please return to CDA ISO within 30-days of incident being reported		

**12. Date Corrective Actions will be fully implemented:**

**INCIDENT COSTS**

**13. Describe the costs associated with resolving this incident (use the CDA 1025D Cost Estimator to calculate these sub-totals):**

Staffing Costs Sub-Total \_\_\_\_\_

Property/Equipment Loss Costs Sub-Total: \_\_\_\_\_

Other Costs Sub-Total: \_\_\_\_\_

Total: \_\_\_\_\_

**SIGNATURES**

<b>14. Agency/Contractor Information Security Officer:</b>	<b>Signature:</b>	<b>Date:</b>
<b>15. Agency/Contractor Privacy Officer:</b>	<b>Signature:</b>	<b>Date:</b>
<b>16. Authorized Signature/Director:</b>	<b>Signature:</b>	<b>Date:</b>