SECURITY INCIDENT REPORTING FORM

Data Breach Response Policy Attachment A

TO: Stephen Harris, DHS Privacy Officer, stephen.harris@dhs.ga.gov

FROM: [insert name, title, contact information]

RE: Known or Suspected Security Incident

DATE: [insert date]

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| --- | --- |
| Date of discovery. |  |
| Actual occurrence date, if known. |  |
| Description of the incident. Attach additional sheets if necessary. |  |
| Description of the type of information was disclosed (e.g., social security number, date of birth, address, medical information, etc). |  |
| Description of the source of each element of information (where the information was obtained by DHS). |  |
| Was the disclosure intentional or  inadvertent? |  |
| Violator’s name, if known. |  |
| Violator’s title, if known. |  |
| Number of previous violations within this work unit. |  |
| Number of previous violations for this violator. |  |
| Describe all actions taken to mitigate any potentially harmful effects of the breach. Attach additional sheets if necessary. |  |
| Describe all actions taken to reduce the possibility of recurrence of this violation within this work unit.  Attach additional sheets if necessary. |  |