INCIDENT REPORT

Date of Incident:	Time:

Name:
Title & Division:
Date of First Notification:
Who Was Notified:

Type of Incident: (*check **ALL** that apply*)

☐ Loss/Stolen Device	☐ Loss/Stolen Data	☐ Stolen Login Credentials	☐ Tablet
☐ Phishing/Email	☐ Data Change	☐ Data Theft	☐ Hardcopy/Paper
☐ Laptop	☐ Phone	☐ Unauthorized Data Destruction	☐ Desktop

☐ Other/Unknown: (Explain)

Data System(s)/Location Involved (Unauthorized Access): (*check **AREA** that applies*)

☐ Assessment/Accountability	☐ Tech Services	☐ Curriculum & Instruction	☐ FBO
☐ Policy/External Affairs	☐ State Schools	☐ School Improvement	☐ Legal
☐ Federal Programs	☐ Communications	☐ GAVS	

Which Data Elements Do You Reasonably Believe Were Stolen/Disclosed/Lost?
(*check **ALL** that apply*)

☐ First Name or First Initial	☐ Last Name	☐ Birth Date	☐ Email Address
☐ Employee Number	☐ Unique Student ID	☐ Password	☐ Address
☐ Social Security Number	☐ Network/System Information		

Statement of Facts (including actions taken after discovery): (add additional sheet if needed)

Signature: _____   Date: _____