Countywide Information Security Program

LAC+USC Medical Center

Report #		**Date**
2017 - 001	**Computer Security Incident Report**	**mm / dd / yyyy**

In accordance with County policy # 6.109 Security Incident Reporting, a report must be filed with the County's Chief Information Security Officer (CISO) when an IT related security incident occurs. The completed report may be emailed to CISOnotify@cio.lacounty.gov. The report must delineate the scope of the incident, impact, action(s) being taken and any action(s) taken to prevent a further occurrence.

Type of Incident
(Incident types are: Stolen/Lost, Intrusion/Hack, Web Defacement, System Misuse, Denial of Service, Spoofed IP Address, Unauthorized Probe/Scan, Unauthorized Electronic Monitoring, Malicious Code (virus, worm, etc.), and other.)
_____

Date and Time when Incident was Identified / Discovered
_____

Location of Incident
(Physical address including specific building location)
_____

Who Identified / Reported the Incident
(Full Name, Job Title / Position, email address, and Phone number (e.g., work, cell, etc.))
_____

Workforce Members Involved with the Incident and/or with the Response
(Full Name, Job Title / Position, email address, and Phone number (e.g., work, cell, etc.))
_____

Brief Synopsis by the Departmental Information Security Officer (DISO)
(Narrative or chronology)
_____

Date and Time of the Incident (If known)
_____

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Department Initial Response

_____

Action(s) Taken to Prevent Further Occurrence

_____

Action(s) Planned to Prevent Further Occurrence

_____

Internal Services Department Service Center and/or Departmental Problem Ticket(s)
(Countywide Computer Security Incident Hot-Line number is (562) 940-3335)

_____

Was Personally Identifiable Information (Pii) (i.e., Confidential / Sensitive) involved?

☐ Yes   ☐ No   ☐ Unknown

Was the device / information encrypted?

☐ Yes   ☐ No   ☐ Unknown

Was a Law Enforcement Report taken?

☐ Yes   ☐ No   ☐ Unknown   Agency _____   Report # _____

_____

Departmental Information Security Officer – Print Name (First and Last), Sign, Date & Time

_____

Departmental Information Technology Manager (or designee) – Print Name (First & Last), Sign, Date & Time

_____

Departmental Chief Information Officer (or designee) – Print Name (First and Last), Sign, Date & Time

_____

CISO (or designee) – Print Name (First and Last), Sign, Date & Time **(signature signifies receipt)**