STATE OF LOUISIANA
INFORMATION SECURITY OFFICER (ISO)
SECURITY INCIDENT REPORTING FORM

Name of person reporting the incident: ________________________________

Date of report: ________________________________ (mm/dd/yyyy)

Date of incident: ________________________________ (mm/dd/yyyy)

Point(s) of contact (include phone/extension/email): __________________________

Location(s) of incident:
______________________________________________________________________
______________________________________________________________________

Incident description:
______________________________________________________________________
______________________________________________________________________

System(s) affected:
______________________________________________________________________
______________________________________________________________________

System(s) affected (e.g. CAD, RMS, file server, etc.):
______________________________________________________________________
______________________________________________________________________

Method of detection:
______________________________________________________________________

Actions taken/resolution:
______________________________________________________________________
______________________________________________________________________

Email To: james.crawford@la.gov or Mail To: Louisiana Division of Administration
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c/o James Crawford (ISO)
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Baton Rouge, LA 70806