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: Mail To:

james.crawford@la.gov   or   Louisiana Division of Administration
                                                   Office of Technology Services
                                                   c/o James Crawford (ISO)
                                                   8001 Independence Blvd.
                                                   Baton Rouge, LA 70806