**DOC CJIS INCIDENT REPORTING FORM**

**(Fill out all applicable fields, please be specific)**

**General Information**

DATE OF INCIDENT:

DATE OF REPORT:

REPORTING PERSON:

PHONE/EXT/E-MAIL:

LOCATION(S) OF INCIDENT:

**Detail of Incident**

SYSTEM(S) AFFECTED & DESCRIPTION (e.g. ACOMS, Dell Service Tag, Computer IP, etc.):

METHOD OF DETECTION:

NATURE OF INCIDENT:

Digital

Unauthorized access to information system and/or device;

Inappropriate use (business need);

Lost media;

Intrusion via malware.

Physical

Unauthorized access to physical file and/or printed materials;

Inappropriate use (business need);

Lost files and/or printed materials;

Destruction (accidental or malicious);

Openly discussing CJI/PII in the vicinity of others who are not cleared to receive the information.

INCIDENT DESCRIPTION:

**Notification/Action**

ACTIONS TAKEN:

SUPERVISOR NOTIFIED (NAME/DATE/TIME):

ACOMS TAC NOTIFIED (DATE/TIME):