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| --- | --- |
| Department: | Date of Report to CalOHII: |
| Submitted by: | Name: | Title: |
|  | Email:  | Phone:  |

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| **Date of Event** | **Brief Description of Breach / Suspected Breach** | **Was Risk Analysis Conducted?** | **Brief description of result of Risk Analysis & Corrective Action Plan, and mitigation (if Breach occurred)** | **Was it a confirmed breach?** | **Were notifications sent?** | **If yes, to how many Individuals** | **Contact Information of Person Knowledgeable about the Event****(Name, Email, and phone)** |
|  |  |  |  |  |  |  | Name:Email:Phone #: |
|  |  |  |  |  |  |  | Name:Email:Phone #: |
|  |  |  |  |  |  |  | Name:Email:Phone #: |
|  |  |  |  |  |  |  | Name:Email:Phone #: |
|  |  |  |  |  |  |  | Name:Email:Phone #: |
|  |  |  |  |  |  |  | Name:Email:Phone #: |