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

| **Date of Event** | **Cal-CSIRS Incident Number** | **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** | **Type of Breach[[1]](#footnote-1)** |
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1. Enter one of the following to describe the type of breach (per Cal-CSIRS reporting): Information Disclosure, Loss/Theft, Malware, Unauthorized Use, SPAM, Fraud, Phishing, Denial of Service Attack, Lost Mail, Unauthorized Software, Vulnerable System, or System Outage [↑](#footnote-ref-1)