Exhibit D, Attachment 2
Privacy & Security Incident Intake Report

Submitted By	
Name of Person Reporting:	Date & Time of Incident:
Unit Name:	Date & Time Discovered:
Phone Number:	Date & Time Reported:
Location:	
Email:	
Case Tracking Number (if any):	
Incident Number (PO Use Only):	
Summary of Incident:	

Privacy & Security Incident Intake Report

Incident Details		
Approximate number of individuals impacted:		
Please describe the Personally Identifiable Information (PII) involved in the incident. (*Example – SSN, DOB, Name):*		
Was the incident Paper or Electronic?	Paper	Electronic
Who had access or potential access to the PII?		
Have they been notified to delete, destroy, or return the information?	Yes	No
Has deletion, destruction, or recovery of information been confirmed?	Yes	No
Did the incident impact any Covered California computer/s or network systems? If so, please describe how?		
Cause or probable cause of incident:		
Have any corrective actions been taken thus far? If so, please describe the actions which have been taken?		