



Louisiana Outsourcing Security Incident Reporting Form



This form must be submitted via email to the Louisiana CJIS ISO as well as to the LA State Compact Officer. Please submit a fully completed Security Incident Reporting Form to LSP.BCII.NCJA@la.gov.

I. NCJA Information	
Agency Name	Agency ORI
Agency Administrator (First Name, Last Name)	
Agency Administrator Email Address	Agency Administrator Phone Number

II. Contractor Information	
Contractor Name	Agency ORI
Contractor Administrator (First Name, Last Name)	
Contractor Administrator Email Address	Contractor Administrator Phone Number

III. Incident Information	
Date of Report	Date of Incident
Incident Description (location, systems affected, etc.)	
Number of Times the Incident Occurred	Time of Incident
Was the Incident Intentional?	
Corrective Actions Taken by the Agency	

IV. Additional Incident Information
Additional Notes from the Agency