



Louisiana State Police

Security Incident Reporting Form



I. Agency / Vendor Information	
Agency / Vendor Name	
Agency / Vendor Administrator (First Name, Last Name)	
Agency / Vendor Administrator Email Address	Agency / Vendor Administrator Phone Number
II. Contractor Information - <i>If not outsourcing, skip to section III</i>	
Contractor Name	Agency ORI
Contractor Administrator (First Name, Last Name)	
Contractor Administrator Email Address	Contractor Administrator Phone Number
III. Incident Overview	
Date of Report	Date of Incident
Incident Discovered and Reported by:	
Incident Description (location, systems affected, etc.)	
Incident Type:	Was the Incident Intentional?
Number of Times the Incident Occurred	Discovered and Reported Date(s)/Times:
Incident Handler(s):	Report Created Date:

Data Type (public/internal/confidential/restricted) and description:	Data Owner(s):
Impacted Agency(s):	

IV. Additional Incident Information

Impact:
Remediation:
Root Cause:
Technical Review:
Recommendations:
Event Timeline:
Conclusion:

Additional Notes from the Agency / Vendor: