Appendix C:
VC IT Closure Report to UCOP

University of California
Security Incident Report Form

(downloadable MS Word file available at http://www.ucop.edu/irc/itsec/uc/)

Campus: _____

Report Date: _____ **Date of Incident:** _____

Type of Incident:

Incident Description:

Type of data on system: _____

Number of individuals affected: _____

Decision to notify yes/no: _____ **Number notified:** _____

Date of Notification*: _____

Actions taken to prevent further breaches:

Submitted by
Name: _____ **Department:** _____

Email: _____ **Phone:** _____

* Attach notification letter.