

**KENTUCKY STATE POLICE INFORMATION SECURITY OFFICER (ISO) SECURITY
INCIDENT REPORTING FORM**

NAME OF PERSON REPORTING THE INCIDENT: _____

DATE OF REPORT: _____ (mm/dd/yyyy)

DATE OF INCIDENT: _____ (mm/dd/yyyy)

POINT(S) OF CONTACT (Include Phone/Extension/Email): _____

LOCATION(S) OF INCIDENT: _____

INCIDENT DESCRIPTION: _____

SYSTEM(S) AFFECTED: _____

SYSTEM(S) AFFECTED (e.g., CAD, RMS, file server, etc.): _____

METHOD OF DETECTION: _____

ACTIONS TAKEN/RESOLUTION: _____

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