**PRIVACY IMPACT ASSESSMENT TEMPLATE**

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| **REPORTED BY:** |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  | **INCIDENT NO.:** |  |

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| **INCIDENT ASSESSMENT:** | **NEGLIGIBLE** |  | **MINOR** |  | **SIGNIFICANT** |  | **CRITICAL** |  |

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| **INFORMATION SECURITY INCIDENT INFORMATION** |
| **DATE OF INCIDENT** |  | **TIME OF INCIDENT** |  |
| **INCIDENT MANAGER** |  | **TITLE / ROLE** |  |
| **PHONE** |  | **EMAIL** |  |
| **LOCATION** |  |
| **SPECIFIC AREA OF LOCATION** *(if applicable)* |  |
| **INCIDENT TYPE** |  |
|  |  |
| **NO. OF HOSTS AFFECTED** |  | **SOURCE IP ADDRESS** |  |
| **IP ADDRESS** |  | **COMPUTER / HOST** |  |
| **OPERATING SYSTEM** |  | **OTHER APPLICATIONS** |  |
| **INCIDENT DESCRIPTION** |
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| **IMPACT ASSESSMENT** |
|  |
| **RESULTING DAMAGE** |
|  |
| **IMMEDIATE ACTION TAKEN** |
|  |
| **PLANNED ACTION AND RESULTING PREVENTATIVE MEASURES** |
|  |
| **ADDITIONAL INFORMATION** |
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| **INFORMATION SECURITY INCIDENT INFORMATION SHARING** |
| **DEPARTMENT REQUIRING NOTIFICATION** | **POINT OF CONTACT NAME** | **DATE OF NOTIFICATION** |
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| **SIGNATURES** |
| **REPORTING STAFF NAME** | **REPORTING STAFF SIGNATURE** | **DATE** |
|  |  |  |
| **SUPERVISOR NAME** | **SUPERVISOR SIGNATURE** | **DATE** |
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