



# ACCESS Security Incident Reporting



## FBI CJIS Division Information Security Officer (ISO)

	Name of Person Reporting the Incident	
	Date of Report	
	Date of Incident	
1	Point of Contact	
	Point of Contact E-Mail	
	Point of Contact Phone Number	
2	Point of Contact <i>(if more than one)</i>	
	Point of Contact E-Mail	
	Point of Contact Phone Number	
	Location of Incident	
	Incident Description	
	Systems Affected	
	Was Criminal Justice Information (CJI) compromised? If yes, explain.	
	Method of Detection	
	Actions Taken/Resolution	

Individuals involved in a security incident are required to complete security awareness training within 30 days of the event (Refer to CJIS Security Policy Awareness and Training – AT (2) Literacy Training and Awareness).

Has this been completed? Yes      No

### Send completed form to:

**Violeta Navarro**  
**WSP ACCESS**  
**PO Box 42619**  
**Olympia WA 98504-2619**  
**(360) 534-2161**  
[access@wsp.wa.gov](mailto:access@wsp.wa.gov)