**PRIVACY BUSINESS IMPACT ASSESSMENT**

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| --- | --- |
| Reported By: [Name] | Date of Report: [MM/DD/YYYY] |
| Title / Role:  [Title] | Incident no.: [Number] |

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| **Incident Assessment:** | Negligible | Minor | Significant | Critical |

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| --- | --- |
| **INFORMATION SECURITY INCIDENT INFORMATION** | |
| Date of Incident: [MM/DD/YYYY] | Time of Incident: [Time] |
| Incident Manager: [Name] | Title / Role: [Title] |
| Phone: [Phone Number] | Email: [Email Address] |
| Location: [Location] | |
| Specific area of location: (If Applicable) [Location] | |
| Incident Type: [Type] | |

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| --- | --- |
| No. of Hosts Affected: [Number] | |
| Source Ip Address: [Address] | |
| Ip Address: [Address] | Computer / Host: [Name] |
| Operating System: | Other Applications: **[Other]** |

**INCIDENT DESCRIPTION  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPACT ASSESSMENT   
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**RESULTING DAMAGE   
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMMEDIATE ACTION TAKEN**

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**PLANNED ACTION AND RESULTING PREVENTATIVE MEASURES**

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**ADDITIONAL INFORMATION**

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| **INFORMATION SECURITY INCIDENT INFORMATION SHARING** | | |
| **Department Requiring Notification** | **Point Of Contact Name** | **Date Of Notification** |
| [Notification] | [Name] | [MM/DD/YYYY] |
| [Notification] | [Name] | [MM/DD/YYYY] |
| [Notification] | [Name] | [MM/DD/YYYY] |

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [MM/DD/YYYY] |
| **Reporting Staff Signature** |  | **Date** |

[Name]

|  |
| --- |
| **Reporting Staff Name** |

|  |  |  |
| --- | --- | --- |
| [Signature] |  | [MM/DD/YYYY] |
| **Supervisor Signature** |  | **Date** |

[Name]

|  |
| --- |
| **Supervisor Name** |