



Information Security Incident Report

Return form to: ACIC.Operations@dps.arkansas.gov

Agencies shall promptly report criminal information system incidents to the Criminal Justice Information System (CJIS) Agency ISO in compliance with the FBI CJIS Security Policy. If a question does NOT apply, enter "N/A" to signify not applicable.

I. Agency Information **Date Submitted:**

Agency Name:	Agency ORI:
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Agency Address:	Agency Phone:
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City:	State:	Zip Code:
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Point(s) of Contact (First Name, Middle Initial, Last Name)

Point of Contact Phone Number (Direct Number):

Point of Contact Email Address:

II. Specific Incident Information

Date of Report:	Date of Incident:
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Location (s) of Incident:

System (s) Affected:

Method of Detection:

Incident Description:

Action Taken/Resolution:

III. Incident Information

1. How was the incident discovered? (e.g. via an audit trail, or accidental discovery)

2. What application were accessed?

A. Did access included any personally identifying information or criminal justice information?

B. Is the hard drive encrypted?

C. Provide a description/ list as to who you believe is affected or vulnerable to a similar incident.

3. When did the incident occur?

A. Identify the time-frame and the operational phase (i.e., Was this a one-time occurrence or continuing? Could it occur anytime or do certain events trigger it?)

4. Why did this incident happen?

- A. What allowed this incident to occur?

- B. Were there policies in place which may be applicable to this incident?

- C. Should there be controls in place which may help to prevent this type of incident from reoccurring?

5. What are the vulnerabilities and impacts associated with this incident? Describe what you believe are the vulnerabilities and impacts to other information system as a result of this incident.

Send Completed Hard-Copy Form To:
 Arkansas Crime Information Center
 Attn: Noncriminal Justice Agency Agent
 322 South Main Street, Suite 615
 Little Rock, AR 72201
 Fax: (501) 682-7444
 Email: Operations@acic.arkansas.gov

For Additional Information please visit:
<https://www.fbi.gov/services/cjis/cjis-security-policy-resource-center> for FBI CJIS SECURITY POLICY

Question/ Comments:
 (501) 682-2222

I, _____ certify that the information provided is true and accurate at the time this report was submitted.

Signature

Date