

Modini information security incident report

[To be completed and returned within one working day]

[Complete electronically]

Report number	
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Completed by Operations Director.

1. Notification

Reported by	Phone	Date reported

2. Incident details

Type of incident [tick all that apply]:	
Equipment loss	
Data loss	
Unauthorised disclosure	
Unauthorised access	
Breach of policy	
Other (expand)	

Date incident occurred	
Date incident detected	
Incident location	
Person(s) responsible for incident (originator)	



Media/device type	
If portable storage device was this password protected in line with Modini policy?	
If portable storage device was this encrypted? <i>[Please note that all Modini issued mobile phones and laptops are encrypted]</i>	
Did the device have network connectivity?	
Was any personal or business information stored on the device?	
If answer to above was 'No' explain why:	

Please describe the incident in as much detail as possible:

Please describe the information/data type. For example: is it personal information (give specific examples). Is it business sensitive (give specific examples) – consider if the information is in the public domain/would it be disclosed under FOI/would the owner/subject be concerned at its disclosure. If possible attach the information:



Identify potential risks to the subject/owner of the information? E.g. potential for identity theft/phishing aid/commercial detriment/reputational damage:

What steps have been taken to mitigate the risks associated with the incident? For example, has the information been retrieved? Has it been returned or destroyed? Has the subject/owner been informed of the incident?

What remedial action has been taken to mitigate against future similar incidents occurring at an individual/team/organisational level?

Identify any potential impact this incident may have on Modini's reputation or relationship with customer/stakeholder:

I confirm that the above is a complete and accurate account of the incident, information involved and potential impact:

Title	Name	Date
Originator		
Line manager		

