

NETWORK LOSS or DAMAGE CLAIM INCIDENT REPORT

(To record privacy breach events and computer attacks)

Important: Completion of this form does not constitute notice of a claim/loss under your Coverage

Please complete this incident form for each security breach event that might lead to significant loss or liability. This information might be needed for claims adjusting purposes. Please also save any system/security event logs to help verify the event.

Please send the completed form to:

NAME Colorado Special Districts Property and Liability Pool
c/o Sedgwick

EMAIL cxcsd@sedgwick.com

General Information

Name of Staff Member Reporting Incident	
Office/Facility	


Privacy Incident Information

Date of Incident		Time of Incident		Location of Incident	
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Description of Incident (Include the names of those involved in the privacy incident.)

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Incident also reported to					
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Privacy Incident Classification

<input type="checkbox"/> Unauthorized Access (Paper) <input type="checkbox"/> Unauthorized Disclosure Outside of Company/ Organization <input type="checkbox"/> Unauthorized Use or Disclosure by Business Associate <input type="checkbox"/> Inappropriate Use Within Company/ Organization <input type="checkbox"/> Improper Communications (Mail, Email, Fax, Phone)	<input type="checkbox"/> Unauthorized Access (Electronic) <input type="checkbox"/> Improper Denial/Fulfillment of Client Rights <input type="checkbox"/> Improper Oral Communications <input type="checkbox"/> Improper Disposal <input type="checkbox"/> Improper Password Management
<input type="checkbox"/> Other (Specify)	

Severity of Privacy Incident

<input type="checkbox"/> Severe <ul style="list-style-type: none"> Several customers affected Economic loss Material damage to creditability Damage extends outside of Company/ Organization 	<input type="checkbox"/> Moderate <ul style="list-style-type: none"> Few customers affected Some potential economic loss Some material damage to creditability Damage contained inside of Company/ Organization 	<input type="checkbox"/> Low <ul style="list-style-type: none"> Single or no customers affected Minimal economic loss Minimal damage to creditability Some impedance but no damage to creditability
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Action to Be Taken

<input type="checkbox"/>	Additional staff training needed at the Company/ Organization (Specify)
<input type="checkbox"/>	Company/ Organization procedures to be reviewed/updated (Specify)
<input type="checkbox"/>	Inform Client (Specify)

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Action to Be Taken

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Action to Be Taken (cont.)

Other (Specify)

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Resolution Notes

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Signature/Title: _____

Date:

Reported to the
Risk Mgmt Dept on:

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