NEW YORK STATE OF OPPORTUNITY. | Office of Temporary and Disability Assistance

OTDA Information Security Incident* Reporting Form

Reporting Party Information:

Reporting from a district: ☐

Office location/address:

Program Area/department:

Incident Details:

Date first discovered:

Dates incident occurred: (From) (To)

Employee name(s):

User ID(s):

Case Number(s)/CIN(s):

Number of people affected: ☐ 1- 5 ☐ 6-10 ☐ >10

System(s) involved:

☐ WMS ☐ ASSETS ☐ COLD ☐ CSMS ☐ myBenefits ☐ Other

Type(s) of data/information potentially compromised:

☐ FTI ☐ FPLS ☐ SSA ☐ PII ☐ HIPAA ☐ Other

Did the employee have authorized access to system? ☐ Yes ☐ No

Was data exposed to any non-authorized person(s)/entities? ☐ Yes ☐ No

Was a portable device (smartphone, laptop, tablet, USB/thumb drive, etc.) involved? ☐ Yes ☐ No

If "Yes", has the device been recovered and secured? ☐ Yes ☐ No

Is a Privacy Disclosure required? ☐ Yes ☐ No ☐ To be determined

Provide other relevant details, including any initial incident response actions:

Provide additional relevant/developed information, including any interim response actions:

Provide final details and final response:

Individual reporting to OTDA: Title:

Telephone number: Email address:

Date reported to OTDA: Signature:

PLEASE ENSURE A LOCAL COPY OF THIS FORM IS SAVED BEFORE EXITING!

Email completed form to: OTDALegalSI@otda.ny.gov

An "Incident" is defined as any allegation or suspicion held by or brought to the attention of a district involving any person or entity's inappropriate or unauthorized access to or disclosure from any state or district application, system, network and/or database containing Protected Information. For additional information please refer to OTDA's Protected Information Policy and/or the Use and Safeguarding of Protected information LCM. Please note that status updates and a final report are required as the matter progresses.