(Rev. 01/21)

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

OTDA Information Security Incident* Reporting Form

Reporting Party Information:

Reporting from a district: □ Yes □ No District: ____

Office location/address: ____

Program area/department: ____

Incident Details:

Date first discovered: ____

Dates incident occurred: From: ____ To: ____

Employee name(s): ____

User ID(s): ____

CaseNumber(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 the 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:

PLEASE NOTE: Status updates and a final report are required as the matter progresses.

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.