



## Contractor Privacy & Security Incident Report

**Directions:** Please complete this form in its entirety, including the section titled "Immediate Actions Taken." Once complete, e-mail this form to: [DHS-Privacy&Security@Sonoma-County.org](mailto:DHS-Privacy&Security@Sonoma-County.org) and copy all applicable managers, and your agency's Privacy & Security Officer(s).

**Please note:** Time sensitive incidents may require immediate action or response to assist in mitigation and avoiding a breach. We urge you to notify your supervisor immediately, and to contact the Privacy & Security team as soon as an incident is discovered.

### Contact and Organizational Information

Report Submitted by: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Program/Team: \_\_\_\_\_

Please list all individuals involved with / who were witnesses to the incident:

\_\_\_\_\_

### Incident Information

Date and Time Incident Occurred: \_\_\_\_\_ Report Date: \_\_\_\_\_

Incident Location (including name of facility/program/contractor):

\_\_\_\_\_

Incident Type: \_\_\_\_\_

If an item is lost, approximately when was it last seen? Date: \_\_\_\_\_ Time: \_\_\_\_\_

### Incident Details

Please provide a complete description of the incident or occurrence, including names of all individuals involved, dates, locations, and times. When applicable, please include additional documentation related to the incident.

**Immediate Actions Taken**

Please provide a complete description of the actions taken to address this incident or occurrence, including any follow-up communications and/or coachings.

**Incident reported to the following** *(check all that apply):*

- ☐ Supervisor
- ☐ Program Manager
- ☐ CEO / President / Lead of Agency
- ☐ Agency's Privacy & Security Officer
- ☐ County Dept. of Health Service Privacy Officer/Unit
- ☐ Police / Law Enforcement
- ☐ Other (specify): \_\_\_\_\_