

**LAW ENFORCMENT AGENCIES DATA SYSTEM
INFORMATION SECURITY OFFICER (ISO)
COMPUTER SECURITY INCIDENT REPORTING FORM**

DATE OF REPORT: _____(mm/dd/yyyy)

DATE OF INCIDENT: _____(mm/dd/yyyy)

POINT(S) OF CONTACT: _____PHONE/EXT/E-MAIL: _____

LOCATION(S) OF INCIDENT: _____

SYSTEM(S) AFFECTED: _____

METHOD OF DETECTION: _____

NATURE OF INCIDENT: _____

INCIDENT DESCRIPTION: _____

ACTIONS TAKEN/RESOLUTION: _____

Copies To: CSA ISO/LEADS

Illinois State Police
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Joliet, IL 60432

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ISP.LEADSISO@Illinois.gov