

CSAS Information Security Incident Form

Part A: to be completed by person reporting incident

Call COOPSYS on 020 7793 7877 for a Reference Number		
Coopsys Reference No:		
1. Contact information for this incident		
Name:	Role:	Telephone No:
Diocese/Organisation:		
2. Physical location of incident (Include site & Room number):		
3. Date and Time incident occurred		
Date:	Time:	
4. Type of Incident		
Intrusion Virus / Malicious code System misuse Social engineering	Technical vulnerability Denial of Service User account compromise Hoax	Network scanning problem Theft Web site defacement Other (specify)
5. Summary of Incident		
6. Impact Assessment		
Impact assessment of any data loss :		
Email to: helpdesk@coopsys.net Call COOPSYS on 020 7793 7877 to advise email has been sent		

October 2014 (2 pages)

Please retain this information to be included in any audit for your diocese / organisation

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Part B: to be Completed by Master Disclosure Manager

5. Incident Assessment			
Critical	Significant	Minor	Negligible
6. Information Sharing: If Critical or Significant - Please contact immediately			
DBS – Mark Devine 0151 676 1269		markdevine8@dbb.gsi.gov.uk	
GB Group – Mark Sugden 07976 538554 Stephanie Humphries 07788 389580		Mark.sugden@gbgplc.com Stephanie.humphries@dbb.gov.gsi.uk	
Name of Other Organisations to be contacted:			
PAMIS – leo.patrick@pamis.co.uk		Jason Wheeler - jason@jwcon.net	
7. Technical Details (if applicable) How many host(s) are affected;			
1 to 100	100 to 1000	More than 1000	
IP Address of apparent or suspect source			
Source IP Address:		Other Information available:	
IP Address:	Computer/Host Name:	Operating System: (incl. release number)	Other Applications:
8. Damage or observations resulting from incident:			
9. Incident Log			
11. Additional Information			
If this incident is related to a previously reported incident, include any previously assigned COOPSYS service desk number for reference:			

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