

Department of Child Support Services Security Incident Report

To report a security incident, call the Security Desk at (916) 464-5045. Someone will assist you 24 hours per day. If you perceive immediate danger to yourself or to others, please call 911 immediately. And then call the Security Desk.

The attached form will assist you in reporting any incident that threatens:

- persons or property at any child support facility; or
- confidentiality, integrity, or availability of child support information

You may report an incident anonymously by completing the attached form and submitting it to email DCSSInformationSecurityOffice@DCSS.CA.GOV or delivering a hard copy to the DCSS Guard Station at 11120 International Drive, Rancho Cordova. However, you may also report an incident anonymously by calling the Security Desk and requesting that your report be treated anonymously.

If you are unsure whether the event or activity you have observed should be reported, call the Security Desk for assistance.

DCSS Security Incident Report Form

To report an incident, complete all Sections that apply below.

SECTION I – Reporter Information	
Your Name	
Your contact number	
Your email address	
Current date	

SECTION II INSTRUCTIONS: Complete Section II to report an incident that involves a threat or harm to persons or property

SECTION II – Persons/Property Incident Information			
Check all boxes that apply to incident.			
<input type="checkbox"/> harassment	<input type="checkbox"/> fire alarm	<input type="checkbox"/> gang activity	<input type="checkbox"/> burglary
<input type="checkbox"/> personal threats of violence	<input type="checkbox"/> loss of state equipment	<input type="checkbox"/> theft	<input type="checkbox"/> facility damage
<input type="checkbox"/> robbery	<input type="checkbox"/> theft of state property	<input type="checkbox"/> graffiti	<input type="checkbox"/> physical intrusion
<input type="checkbox"/> weapons at facility	<input type="checkbox"/> trespassing	<input type="checkbox"/> bomb threat	<input type="checkbox"/> other

SECTION III INSTRUCTIONS: Complete Section II to report an incident that involves harm or a threat to the confidentiality, integrity or availability of child support information

SECTION III – Information Security Incident Information			
Check all boxes that apply to incident.			
<input type="checkbox"/> misuse of confidential or sensitive information	<input type="checkbox"/> unauthorized destruction of information	<input type="checkbox"/> fraudulent solicitation of child support information	<input type="checkbox"/> email threats or harassment
<input type="checkbox"/> misuse of state property	<input type="checkbox"/> theft or loss of child support information	<input type="checkbox"/> improper disposal of child support information	<input type="checkbox"/> other threat to child support systems or information
<input type="checkbox"/> unauthorized disclosure of personal information	<input type="checkbox"/> unauthorized modification or deletion of data	<input type="checkbox"/> unexplained system crashes	<input type="checkbox"/> malicious software attack or infection (worms, viruses)
<input type="checkbox"/> unauthorized changes in file permissions	<input type="checkbox"/> attempts to write to system files or change systems files	<input type="checkbox"/> abnormally slow or poor system performance	<input type="checkbox"/> suspicious log discrepancies
<input type="checkbox"/> unknown or suspicious files	<input type="checkbox"/> modification, installation, or deletion of software	<input type="checkbox"/> unauthorized installation or use of program	<input type="checkbox"/> unauthorized use of network scanners, sniffers, or other traffic capturing devices
<input type="checkbox"/> system alarm	<input type="checkbox"/> physical or logical damage to a system	<input type="checkbox"/> denial of service attack	<input type="checkbox"/> embezzlement or fraud
<input type="checkbox"/> user accounts not created by system administrators	<input type="checkbox"/> unauthorized local or remote access	<input type="checkbox"/> modifications to file lengths or dates	<input type="checkbox"/> unusual logon attempts

Go on to Next Page to Provide Details of Incident

Official Use

DCSS Security Incident Report Form

SECTION IV INSTRUCTIONS: Complete for all incidents

SECTION IV		
Complete all information that applies		
Date you observed the incident	Time you observed the incident	
Physical location of incident (examples: address or name of facility including floor, room, cube, coordinates, etc.):		
System or Network affected (examples: email, network, time reporting, webpage, etc.):		
Identify all Organizations you have contacted regarding this incident. Check all incidents that apply.		
<input type="checkbox"/> CHP	<input type="checkbox"/> DCSS Business Services	<input type="checkbox"/> Others (Specify)
<input type="checkbox"/> Local police	<input type="checkbox"/> SDU Security Officer	
<input type="checkbox"/> 9-1-1	<input type="checkbox"/> LCSA (or county) Security Office	

SECTION V INSTRUCTIONS: Complete for all incidents

SECTION V – Details of Incident
Describe the incident.

DCSS Security Incident Report Form

Go on to Next Page to Provide Information Regarding Persons with Information

SECTION VI INSTRUCTIONS: Complete for all incidents

SECTION VI – Persons with Information

Identify other persons involved in the incident. A Victim is anyone who is threatened or harmed by the incident. A Witness is anyone that you believe may have information that may assist in the investigation of the incident

<input type="checkbox"/> Victim	<input type="checkbox"/> Witness	Name
		Contact Information
<input type="checkbox"/> Victim	<input type="checkbox"/> Witness	Name
		Contact Information
<input type="checkbox"/> Victim	<input type="checkbox"/> Witness	Name
		Contact Information
<input type="checkbox"/> Victim	<input type="checkbox"/> Witness	Name
		Contact Information