

Report of Loss IT Security Incident

AN INVESTIGATION WILL BE CONDUCTED BY IIA AND RISK MANAGEMENT SERVICES. NO ADMISSIONS OF RESPONSIBILITY, FURNISHING OF DOCUMENTATION TO THIRD PARTIES, COMMITMENT TO PAY FOR DAMAGES, OR PROMISES OF SETTLEMENT SHOULD BE UNDERTAKEN WITHOUT PRIOR CONSULTATION WITH RISK MANAGEMENT.

Department Name		Date of Loss	
Description of Incident and Discovery			
Discovered By		Date of Discovery	
Date of Notification to IIA		Security/Police Report Number	

NATURE OF LOSS

FIRST PARTY	<input type="checkbox"/> System damage or lost data due to security failure	THIRD PARTY	<input type="checkbox"/> Breach of privacy (data loss)
	<input type="checkbox"/> Lost income from an interruption due to a security breach		<input type="checkbox"/> Introduction of malicious code
	<input type="checkbox"/> Social media privacy violations		<input type="checkbox"/> Identity theft
	<input type="checkbox"/> Notification/Credit monitoring coverage		<input type="checkbox"/> Regulatory sanctions (HIPAA, etc.)

DESCRIPTION OF LOSS

Description of University Vehicle Damage	Estimated Cost

COPIES OF PAID INVOICES OR STATEMENTS OF ACCOUNT MUST BE PROVIDED TO DOCUMENT THE COSTS CLAIMED.

Department Contact Person	Title
Campus Address	
Email	Phone

Claim Submitted By	
Email	Phone