# UR Device Outlineinformation security incident reporting form (v 1.0)

Information Management and Policy Services (IMPS)

This form should be completed in the event of an actual, suspected or potential information security incident.

The effective management of information security incidents is required in order to ensure we meet our obligations under the Data Protection Act, to maintain the security and integrity of the data we hold, as well as being necessary to ensure mitigating and remedial measures can be put in place promptly.

This form can be completed by any member of staff (students should refer any incidents to a member of staff) that becomes, or is made, aware of an Information security incident. This form should be completed as soon as possible, without undue delay, and submitted to the address at the end of the form. In circumstances where completion and submission of this form are not possible, and alternative list of contacts can be found within the Information Security Incident Procedures.

To ensure risks of further compromise of data are minimised, please treat the information contained within this form as strictly confidential unless advised otherwise.

## Section 1: Details of Request

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1.1 REporting PERSONS details | |  | |  |
| Name | Click here to enter text. | | | |
| Email | Click here to enter text. | | | |
| School/Department | Click here to enter text. | | | |
| Contact Number | Click here to enter text. | | | |
| 1.2 incident details | |  | |  |
| Date of Incident | Click here to enter a date. | | | |
| Type of Incident | Choose an item. | | | |
| Does the data at risk include personal data (for example names, addresses, emails) | Choose an item. | | | |
| Summary of Incident. Please provide details. | Click here to enter text. | | | |
| Actions taken. Have any mitigating measures already taken to resolve or remedy the incident and/or prevent future occurrences? | Choose an item. | | Click here to enter text. | |

## Once completed please return this form to imps@reading.ac.uk

## Section 2: IMPS office Use Only

|  |  |
| --- | --- |
| 4.2 IMPS OFFICE USE ONLY | |
| Received on | Click here to enter a date. |
| Incident Reference Number (IMPS) | Click here to enter text. |
| Topdesk Reference number if applicable (IT) | Click here to enter text. |
| Action Taken | Choose an item. |
| Date actioned/referred | Click here to enter a date. |

**Copies of this form to be retained by IMPS for 3 years from date of incident resolution.**