CDSS INCIDENT REPORT

All potential incidents must be reported on the day of discovery to the CDSS Security & Crime Prevention Coordinator by email CDSSADMMSSBSHS@dss.ca.gov or by phone (916) 657-1913. The Security & Crime Prevention Coordinator will assist in determining if the occurrence is a reportable incident.

The CDSS employee who is involved in, discovers, or witnesses the incident, or to whom the incident was reported by a non-CDSS employee, must complete the header and sections I and II of this form as the "CDSS Employee Reporting the Incident. " The employee's manager or representative must complete section III.

Within two working days of discovery, the completed and signed form must be mailed or hand-delivered to the CDSS Security & Crime Prevention Coordinator (MS 8-2-179) in a sealed envelope marked "confidential."

DATE & TIME INCIDENT OCCURRED AND/OR WAS DISCOVERED	CDSS EMPLOYEE REPORTING THE INCIDENT (NAME & TITLE)
LOCATION (BUSINESS NAME, OWNER NAME, ETC.)	DIVISION, BRANCH, BUREAU:
ADDRESS	ADDRESS:
CITY, STATE, ZIP CODE:	PHONE NUMBER : ( )

SECTION I - Incident Details *(Complete for all incidents)*

TYPE OF INCIDENT *(Check all boxes that apply)*

WORKPLACE VIOLENCE
Personal Assault by:

- ☐ CDSS Employee
- ☐ Non-CDSS Employee

Threat by:

- ☐ CDSS Employee
- ☐ Non-CDSS Employee

FACILITY ISSUES
Physical Intrusion to:

- ☐ Access-controlled Building
- ☐ Access-controlled Work Area

Facility Damage by:

- ☐ Natural Causes
- ☐ Intentional Action
- ☐ Accidential Action

THEFT

- ☐ State Property
- ☐ Personal Property
- ☐ Other *(specify)*:_____

DESCRIPTION OF INCIDENT
REPORT FACTS: INCLUDE WHO, WHAT, WHERE, WHEN, AND HOW
If state equipment is involved, indicate the TYPE and provide identification codes.

Section II Additional Information *(Please complete as applicable)*

DESCRIPTION OF SUSPECT *(Describe the person(s) who may have caused the incident.)*

NAME (IF KNOWN)	APPROXIMATE HEIGHT	APPROXIMATE WEIGHT	APPROXIMATE AGE
☐ Female ☐ Male			

Is this person a State employee? ☐ Yes ☐ No ☐ Unknown

Identifying characteristics: *(hair color, clothing description, glasses, scars, etc.)*

OTHER INDIVIDUALS INVOLVED *(Witnesses and victims)*

☐ Witness ☐ Victim ☐ State employee

NAME	ADDRESS	PHONE NUMBER

☐ Witness ☐ Victim ☐ State employee

NAME	ADDRESS	PHONE NUMBER

☐ Witness ☐ Victim ☐ State employee

NAME	ADDRESS	PHONE NUMBER

☐ Witness ☐ Victim ☐ State employee

NAME	ADDRESS	PHONE NUMBER

ADDITIONAL QUESTIONS *(Answer these questions if they pertain to the incident)*

Do you suspect that this incident was intentional?	☐ Yes	☐ No	☐ Unknown
Was sensitive, confidental, or mission-critical information involved?	☐ Yes	☐ No	☐ Unknown
Was software, CDSS systems, or hardware affected by this incident?	☐ Yes	☐ No	☐ Unknown
If an electronic device was stolen, was it encrypted?	☐ Yes	☐ No	☐ Unknown

ORGANIZATIONS CONTACTED *(Check all applicable boxes)*

☐ CHP/Local Police
☐ 9-1-1 (crime in progress or life-threatening)
☐ Other (*specify)*_____
☐ Building Security Management
☐ Fire Department
☐ CDSS Personnel
☐ Client/Claimant (external)
☐ CDSS Legal Division

POLICE REPORT NUMBER	OFFICER'S NAME	PHONE NUMBER

REPORTING EMPLOYEE SIGNATURE:	DATE:

SECTION III - Supervisor or Representative Review

What action is being taken to prevent similar incidents?

SUPERVISOR OR REPRESENTATIVE SIGNATURE:

NAME	TITLE	DATE

Mail to: Security & Crime Prevention Officer (MS 8-2-179)