

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
PRIVACY INCIDENT REPORT

PRIVACY NOTICE

Authority: 5 U.S.C § 552a(e)(9)-(10); 44 U.S.C. § 3534; 6 USC § 142

Purpose: United States Coast Guard (USCG) personnel will utilize this form to document any suspected or confirmed privacy incident.

Routine Uses: The information will be used to assess the severity of any suspected or confirmed privacy incident, initiate remediation efforts and may be disclosed externally as a "routine use" pursuant to DHS/ALL-004, Department of Homeland Security General Information Technology Access Account Records, 77 Federal Register 70792, November 27, 2012.

Disclosure: Furnishing this information is voluntary. However, failure to furnish the requested information may impede remediation efforts.

INSTRUCTIONS

Please complete this form with as much information as you have at this time and submit to the Office of Privacy Management (CG-6P) via HQS-DG-M-CG-61-P11. Additional information can be submitted as it becomes available during the remediation phase of the incident.

1. Unit/Command

2. POC (Name Title/Grade)

3. POC Telephone

4. Date of Incident

5. CO's (Name/Signature)*

**Signature responsibility may "only" be delegated to the Executive Officer (XO) or acting XO.*

6. Date

7. Number of individuals impacted: _____ actual estimate

Provide number of each of the groups below impacted:

Active duty: _____ Civilian: _____

Reserve: _____ Contractor: _____

Other: _____ (explain)

8. PII Data Elements Exposed (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Performance Evaluation |
| <input type="checkbox"/> SSN | <input type="checkbox"/> Drivers License Number |
| <input type="checkbox"/> EMPLID/DoD ID | <input type="checkbox"/> Passport Number |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Credit Card Number |
| <input type="checkbox"/> Home Address | <input type="checkbox"/> Biometric Identifiers |
| <input type="checkbox"/> Personal Email Address | <input type="checkbox"/> State ID Numbers |
| <input type="checkbox"/> Telephone Number | <input type="checkbox"/> Other (if not listed) |
| <input type="checkbox"/> Financial Information | _____ |
| <input type="checkbox"/> Personal Health Information | _____ |

9. CGIS Agent (if applicable)

Telephone Number

Email Address

10. CG Attorney

Telephone Number

Email Address

11. Provide a brief description of the incident, including the circumstances, information lost or compromised, and if the Personally Identifiable Information (PII) was encrypted or password protected. (DO NOT DISCLOSE ANY PII IN THIS REPORT)

12. Is the incident suspected or confirmed?

13. Explain how the information was compromised or potentially compromised. (DO NOT LIST RESPONSIBLE INDIVIDUAL'S NAME OR ANY OTHER PII)

14. State the media involved (e.g., paper records, flash drive, mobile device, Intranet, Internet, mail system, email, etc.) and identify to whom information was disclosed (e.g., whether it was disclosed internally (within CG) or externally).

15. Explain immediate remediation measures taken to reduce risk of harm.

16. Describe any additional steps to mitigate future situations.

17. Does this incident involve PII from multiple CG Commands/DHS Components? (Please explain)

