

Information Security Incident Reporting Form

Reporting User Information

Email Address of Incident Reporter *

Please use an internal LCC e-mail address only and validate with the Search Address button

Please click to search for the email you have entered

Search Address

Name of incident reporter *

Position

Telephone Number

Date

21/12/2022



Manager or Other Responsible Person

Email address of Line Manager / Other Responsible Person *

Please use an internal LCC e-mail address only and validate with the Search Address button

Please click to confirm the email you have entered

Search Address

Name of Line Manager / Other Responsible Person *

Manager's Job Title *

Manager's Office *

Incident details

Date of Incident *

Incident Caused by whom *

Brief Description *

The maximum length is 1000

0

The potential impact on business operations or an individual *

The maximum length is 1000

0

Any other relevant information

The maximum length is 1000

0

Please upload any supporting information below, select "Add" to add more than one document.

Any supporting attachments

Please attach any further information that you feel maybe of use e.g. pictures, documents, scanned images etc.

Uploaded: 0 of 10

By clicking send, a copy of this report will be e-mailed to the nominated line manager/responsible person and the Information Governance Manager. You will also receive a copy and may be contacted for further information.