PLEASE FAX THIS REPORT TO THE SECRETARY OF STATE AT:
501-
PLEASE FILL IN ONLY THE SHADED AREAS

Arkansas Secretary of State **Charlie Daniels**	Office:	**Arkansas Secretary of State**
	County	_____
	Title:	**Election Systems Security Incident Report**
	Incident Number: **(Assigned by SOS)** _____	**Date incident occurred/opened (MM/DD/YYYY): ___/___/_____** **Date incident resolved/closed (MM/DD/YYYY): ___/___/_____** **Signature of person reporting the incident:_____** **Person preparing the report (if different from the person making the report):_____**

FILLED IN BY THE SECRETARY OF STATE OR THE COUNTY CLERK

	Check the <u>one item</u> that best describes the general nature of the incident
Incident Location	☐ Security policy violation
Person 1 responding	☐ Equipment or hardware failure or malfunction
Person 2 responding	☐ System software malfunction or failure
	☐ Unauthorized use of password
	☐ Suspected computer virus, worm, Trojan Horse
	☐ Tampering with computer or voting equipment
	☐ Unauthorized access to voter registration system or voting system facility or to voting system equipment storage area
	☐ Other: _____ _____

Full description of incident (Filled in by the person reporting the incident):

_____
_____
_____
_____
_____
_____
_____
_____

Response to the incident: **(Filled in by the Secretary of State, County Clerk, or Authorized Election Information Custodian)**

Recommendations to prevent future such incidents: **(Filled in by the Secretary of State, County Clerk, or Authorized Election Information Custodian.)**

Name of person "clearing" and closing the incident:

_____.

(Must be either the Secretary of State, County Clerk, or Authorized Election Information Custodian.

REFERENCES:

None

RELATED POLICIES / ATTACHMENTS / FORMS:

AR-ESP-100 Reporting Voting System Security Problems.

END