**Commonwealth Office of Technology**

**Security Investigation Request Form**

|  |  |  |  |  |  |
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| **Requested By:** |       |  | **Phone No.:** |       |  |
|  | Print Name |  |  | (xxx) xxx-xxxx |  |
| **Agency Legal Counsel:** |       |  | **Date of Request:** |       |  |
|  | Print Name |  |  | mm/dd/yyyy |  |
| **Requesting Cabinet:** |       |  |  |  |  |
|  |  |  |  |  |  |
| **Requesting Dept./Division:** |       |  | **Agency Billing No.:** |       |  |

 8 - digit number

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| **EMPLOYEE INFORMATION** |

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| \*\* If a single request is for **multiple individuals**, please **attach a spreadshee**t listing the employee information for each employee and submit as an attachment with the COT-F182 Form. |

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| **Employee Name:** |       |  | **Domain****Account Name:** |       |
|  |  |  |  |  |
| **E-mail Address** |       |  | **Cabinet/Dept/Div****(if different than info listed above)** |       |

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| **REASON FOR REVIEW (Check More Than One Box if Applicable.)** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  | **Internal Employee Investigation** |  | [ ]  Employee Internet Usage Report |  | [ ]  E-mail Review |  | [ ]  User Home Folder |
|  | [ ]  User Machine Profile |
|  |  |  |  |  |  |  |  |  |  |  |  |
| [ ]  | **COT Forensic Review** ( If selected, enter brief description to the right 🡽 ) | Brief Description:      |
| \*\*During a forensic investigation, if material is discovered relating to a criminal act (i.e. the exploitation of children), the investigation will cease, and materials will be turned over to the appropriate law enforcement agency. |

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| [ ]  | **Legal Litigation** | (Attach Litigation Document) |  | [ ]  | **Open Records** | (Attach Open Records Request Form) |

NOTE: The COT-F182 Form should be used to request access to Electronically Stored Information (ESI) for investigation purposes such as an Employee or

 Court Ordered Investigation, Open Records or Forensic Data Recovery. Please use form COT-F084 for requesting an Email Review for a vacant position.

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| **AUTHORIZATION AND CHAIN OF CUSTODY (Printed Names and Signatures Required)** |
|  |  |  |
| Requesting Agency Director or Executive (Print and Sign) |  | Date |
|  |  |  |
| Requesting Agency’s Legal Counsel (Print and Sign) |  | Date |
|  |  |  |
| COT CISO Executive Director (Print and Sign) |  | Date |
|  |  |  |
| COT CISO Forensic Examiner (Print and Sign) |  | Date |
| Authorized Person Receiving Information (Print and Sign) |  | Date |

The F182 Form should be sent to: COTSecurityInvestigations@ky.gov