IT Security Incident Reporting Form

| **1. Contact Information for this Incident** | | |
| --- | --- | --- |
| TEAM #: |  | |
| **2. Incident Description**. | | |
| Provide a brief description of the Incident: | | |
| **3. Information: Check & Fill In** all of the following that apply to this incident. | | |
| c Loss / Compromise of Data:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c Damage to Systems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c System or Service Affected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c IP Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  c System Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Provide a brief description: | | |
| **6. What Steps Have Been Taken So Far?** Check all of the following that apply to this incident. | | |
| c No action taken  c System Disconnected from network  c Updated virus definitions & scanned system | | c Restored backup from tape  c Log files examined (saved & secured)  c Other – please describe: |
| Provide a brief description: | | |