

North Carolina Agricultural & Technical State University
Division of Information Technology (DoIT)
Incident Report

Directions: Complete this form within twenty-four (24) hours of an incident occurring and save to the Incident Reports Share Point site.

Report Date:
 New Revision

Reported By:

Incident Date:

Email Address:

Phone:

Select incident type (check all that apply):

- Data breach
- System/service intrusion or compromise
- System/service failure
- Loss of service
- Information security - missing
- Information security theft
- Malicious code
- Other; Specify -
- Information security loss
- Misuse of information system

For a data breach, review the data classification policy. Select breach type. Restricted Public

Incident Machine Data	Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No	Attacker Data	Applicable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner of machine:	<input type="text"/>	IP Address:	<input type="text"/>
Machine name:	<input type="text"/>	Port(s)/Protocol(s):	<input type="text"/>
Machine location:	<input type="text"/>	Location/Country:	<input type="text"/>
MAC address:	<input type="text"/>		

Provide a detailed incident description. Is an attachment(s) included? Yes No

Resolution/Process Improvement/Corrective Action Is an attachment(s) included? Yes No