

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

|                              |   |                      |   |
|------------------------------|---|----------------------|---|
| <b>Incident Machine Data</b> | <b>Applicable?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No | <b>Attacker Data</b> | <b>Applicable?</b> <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