

SECURITY INCIDENT REPORT

Security Incident Report

User Name: _____

Department: _____ Division: _____

Date of Incident: _____ Time/Date Incident Detected: _____

Incident Location: _____

Type of Incident: (circle one)

Physical:	Loss or theft of device containing City information Complete Section 1
Electronic:	Suspicious password request, hack attempt, virus infection Complete Section 2

Section 1: Physical Security Incident

Media/Device Type: _____

Encryption Used?: Yes No Confidential Data Involved?: Yes No Unsure

Section 2: Electronic Security Incident

Type of Incident:

<input type="checkbox"/> Hack attempt	<input type="checkbox"/> Suspicious password request
<input type="checkbox"/> Denial of Service	<input type="checkbox"/> Misuse of systems
<input type="checkbox"/> Malicious Code (Trojan/virus)	<input type="checkbox"/> Password compromise
<input type="checkbox"/> Unauthorized system access	<input type="checkbox"/> Other (explain below)

Confidential Data Involved?: Yes No Unsure

Impact of Incident:

<input type="checkbox"/> Data Loss/Corruption	<input type="checkbox"/> Web Page Defacement
<input type="checkbox"/> System Damage	<input type="checkbox"/> Other (explain below)
<input type="checkbox"/> System/Network Downtime	

Section 3: All Incidents

Describe Incident: _____
(attach additional pages if needed) _____

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Actions Taken: _____
(attach additional _____
pages if needed) _____

By signing below I certify that the information I have provided on this form is true to the best of my knowledge:

User Name (Print): _____

User Signature: _____

Date: _____

*** Please give this form immediately to the IT Manager or your supervisor ***