

# Information Security Incident Reporting Form

Please type. Due to the potential confidential nature of IT Security incidents please print this form and mail it.

1. To provide an accurate picture of ECSU's commitment to information privacy and security, report all incidents, even if they are of a questionable or limited nature. You should notify your supervisor or Human Resources or the Information Security Office.
2. Please type (or print clearly). Omit your contact information if you wish to remain anonymous.
3. Hand carry (or US Mail or campus mail) the completed Form to the following appropriate official:

ECSU Information Security Office  
Information Technology Center Room 225  
1704 Weeksville Road, Elizabeth City, NC 27909

Thank You for providing as complete information as possible on this form.

Section I – Incident Description (To be Completed by Person Reporting Incident)			
1. Names of Parties Involved		2. Name of Person Reporting Incident (Optional)	
3. Location of incident		4. Your Telephone (Optional)	5. Your Office (Optional)
		6. Date of Incident	7. Time of incident
8. Have You Notified Anyone? Name:	9. Title	10. Date Notified	11. Phone
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**8. Detailed Description of Incident**

(Include as many details as possible, including which PC's and systems were used or compromised.)

**Thank you. If you identified yourself above we will contact you shortly.**