

# PVO SCHOOL DISTRICT / HIGHLY CONFIDENTIAL

## FORM FOR REPORTING A SUSPECTED INFORMATION SECURITY INCIDENT

Your Name:	PC Name: (e.g. XX#####)	Dept/Division:
Today's Date:	Tel No:	E-mail Address:

Date of Incident:	Time of Incident:
Who Was Notified:	Time of Notification:

Brief Description of Incident: (include website URLs, suspect name(s), impacted system(s), other relevant data...)

	Y	N
Did you witness the incident yourself?	<input type="checkbox"/>	<input type="checkbox"/>
Did others witness the incident? (if yes, specify below)	<input type="checkbox"/>	<input type="checkbox"/>

To your knowledge was any of the following involved?

Telephone	<input type="checkbox"/>	Theft	<input type="checkbox"/>
Fax	<input type="checkbox"/>	Fraud	<input type="checkbox"/>
Photocopier	<input type="checkbox"/>	Unauthorised Access	<input type="checkbox"/>
Computer Hardware	<input type="checkbox"/>	Customers	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	Third Parties	<input type="checkbox"/>
Internet download	<input type="checkbox"/>	Copyright	<input type="checkbox"/>
Virus	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>

	Y	N
Was any COMPANY Internal or Confidential information compromised?	<input type="checkbox"/>	<input type="checkbox"/>
Did you report this incident to: (Please circle all applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
Supervisor - Law Enforcement - Director of IT - Internal Auditor - Other (Please Specify)	<input type="checkbox"/>	<input type="checkbox"/>

Initiated By:	Date:	Reviewed By:	Date:
Approved By (1):	Date:	Approved By (2):	Date: