**IMPORTANT: If you suspect Illegal or Criminal activity, immediately notify Campus Police by calling 937-512-2534.**

Please provide as much information about the suspected information/computer security incident as possible, then save the form to your hard drive or removable media. Submit via email to:

daniel.ocallaghan@sinclair.edu

or print and Mail/FAX to:

Daniel O’Callaghan, CISO

Sinclair Community College

444 W Third St

Dayton OH 45402

FAX: 937-512-2385

|  |
| --- |
| **Incident Reporter/Detector**  |
| Name: |       | Date/Time Reported: |       |
| Title/Role: |       |
| Phone: |       | Alt. Phone: |       |
| E-mail: |       |
| Address: |       |
| **Description of suspected incident:** |
| Describe the suspected incident: |       |
| How was the suspected incident detected? |       |
| Other important details/comments: |       |
| **Description of affected information system (if applicable):** |
| Location(s) of affected systems:  |       |
| Hardware manufacturer: |       |
| Serial number: |       |
| Inventory number (if applies) |       |
| Is the affected system connected to a network?  | [ ]  | YES | [ ]  | NO |
| System name: |       |
| System IP address: |       |
| MAC address: |       |
| Network port # |       |
| Description of physical security (doors, locks, security alarms, building access, etc.): |
|       |
| **Additional information:** |       |