**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:** | | |  | | | | | | | | | | | |