APPENDIX F: WNC SECURITY INCIDENT REPORTING TEMPLATE

WNC Security Incident Report				
Incident Reporter Information				
Date/Time of Report				
First Name				
Last Name				
Department				
Title/Position				
Work Email Address				
Contact Phone Numbers	*Work*		*Other*	
Reported Incident Information				
Initial Report Filed With (Name, Organization)				
Start Date/Time				
Incident Location				
Incident Point of Contact (if different than above)				
Priority	*Level 1 / Level 2*			
Possible Compromise of PII?	*YES / NO*			
Privacy Information	*Was the incident a violation of the Privacy Act? / Did the target suffer an adverse effect? / As a result, was the Department the direct or proximate cause of the adverse effect? \ Was the violation intentional or willful? / Was the PII used maliciously? / INCLUDE PRIVACY IMPACT BELOW*			
Incident Type	*Exposure of information / Alteration or destruction of information / Increased notoriety of attacker / Loss of reputation of target / Theft of IT resources / Theft of other assets*			
US-CERT Category	*DoS / Malicious Code / Probes and Scans / Unauthorized Access / Other*			
US-CERT Submission Number if Applicable				
Description				
Additional Support Action Requested				
Method Detected	*IDS/Log Review/ A/V Systems/ User Notification/ Other*			
Number of Hosts Affected				

Department Impact	
College Impact	
SCS Impact System	
Status	*Ongoing/Resolved/Etc.*

Attacking Computer(s) Information				
IP Address / Range	**Host Name**	**Operating System**	**Ports Targeted**	**System Purpose**

Victims Computer(s) Information				
IP Address / Range	**Host Name**	**Operating System**	**Ports Targeted**	**System Purpose**

Action Plan	
Action Description	
Requestor	
ISO	
Incident Handler	
Network Functional Area	
Time Frame	
Status	

Conclusion / Summary	
Entities Notified	
Resolution	*Include whether lost materials recovered as part of the solution*