

# Information Security Incident Reporting Form

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

1. To provide an accurate picture of BSU's commitment to information privacy and security, report all incidents, even if they are of a questionable or limited nature. You should notify the Enterprise IT Security Dept.
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:

BSU Enterprise IT Security Department  
Thurgood Marshall Library, Rm 250  
14000 Jericho Park Road, Bowie, MD 20715-9465

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.**