

AUTOMATED INFORMATION SECURITY (AIS) INCIDENT REPORT

\_\_\_\_\_  
Date of Report

1. Department _____	2. System _____
3. IAM _____	4. IAO _____
5. Individual Initiating Report _____(Phone) _____	
6. Date of Incident _____	

7. Type of Incident	
<input type="checkbox"/> Waste/Fraud/abuse	<input type="checkbox"/> Unauthorized Disclosure
<input type="checkbox"/> Theft	<input type="checkbox"/> Unauthorized use of User ID
<input type="checkbox"/> Destruction	<input type="checkbox"/> Password/CAC Violation
<input type="checkbox"/> Modification	<input type="checkbox"/> Denial of Service
<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> System Security-Related Failure <i>Specify</i> _____

8. Individual(s) Involved: (Name/Department/Division)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Downtime Resulting From The Incident: \_\_\_\_\_ (hours) \_\_\_\_\_ (minutes)

10. Summary of Incident: \_\_\_\_\_

11. Recommendations/Comments: \_\_\_\_\_

12. Investigating Official (Name, Rank, Title) \_\_\_\_\_

13. Local Security Agency(ies) Involved, if applicable. (Agency, Address and Phone Number)  
\_\_\_\_\_

14. Report of Investigation (Attach additional information)

\_\_\_\_\_  
Signature of Person Making the Report

*Retention Period: 7 years*