

Complete form and fax to 443-926-9742 or save as PDF and email to: service.desk@maryland.gov

## IT Incident Reporting Form

Agency:

Date:

Point of Contact Name:

Phone:

**Incident Details** - Please provide as much information about the incident as possible.

Incident Category:

Incident Discovery Method:

Source of incident:

IP Address:

Port #:

Protocol:

Destination:

IP Address:

Port #:

**Affected Agency System:** Please provide information about your affected system and the impact to your agency.

System Function (e.g., DNS, Web server, etc.)

Operating System:

Version:

Date of Latest Updates:

AntiVirus Installed:

Version:

Date of Latest Updates:

Briefly describe the incident including the impact to your agency.

What actions were taken to reduce the risk of this type of incident happening again?

Does your agency require any additional assistance from DoIT?