



Operational Risk Management
 4400 University Drive, MSN 6D6, Fairfax, VA 22030
 Phone: 703-993-2599

CYBER SECURITY INCIDENT REPORTING FORM

Cyber incidents should be reported to Operational Risk Management as soon as possible after discovery of a breach.

Date Incident Detected:

Time Incident Detected:

Date Incident Occurred:

Time Incident Occurred:

Type of Incident:
 (Example: Web defacement, virus, etc)

Method of Intrusion:
 (Example: Vulnerability, exploited, compromised account, etc)

Level of Unauthorized Access Attained:
 (Example: root, administrator, user, etc)

Any Other Relevant Information:

(Add attachments if more space is needed for the above responses)

For more information about this incident please use the below points of contact:

ITS Security Office: Name: _____
 Phone: _____
 Email: _____

**Office of Risk
 Management:**

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 Samantha Mc Clelland, Risk Control
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