



# Information Security Incident Report

(See instructions on reverse)

## Section I - Incident Description (To Be Completed By Employee Reporting the Incident)

1. Name of Facility Where Incident Occurred		2. Name of Person Reporting Incident (Optional)	
3. Address of Facility Where Incident Occurred	4. Telephone Number (Optional)	5. Office Location	
	6. Date of Incident	7. Time of Incident	

8. Detailed Description of Security Incident

9. Source Internet Protocol (IP) Address (If known)	10. Target or Destination IP Address (If known)	11. Host Name
12. Your User Logon ID (if applicable)	13. Subject User Logon ID (if applicable)	14. Method of Detection

15. Individual(s) Notified (Check all boxes that apply and complete information requested)	16. Name and Title	17. Telephone	18. Location	19. Time & Date Notified
<input type="checkbox"/> USPS Computer Incident Response Team (CIRT) 1-866-877-7247				
<input type="checkbox"/> USPS Help Desk 1-800-877-7435				
<input type="checkbox"/> Immediate Supervisor or Manager				
<input type="checkbox"/> Local System Administrator or Technical Support				
<input type="checkbox"/> United States Postal Inspection Service (USPIS)				
<input type="checkbox"/> Privacy Office 1-202-268-3040				
<input type="checkbox"/> Office of Inspector General 1-888-877-7644				

## Section II - Additional Comments

1. Note if the incident was contained or corrected. Explain action taken, by whom, and when.

**Section I - Incident Description** *(To be completed by person reporting the incident)*

1. Report all incidents. Examples of incidents to be reported are presented in Handbook AS-805-C, *Information Security for General Users*.
2. Type or print clearly. Each item is self-explanatory.
3. Complete all applicable fields except omit your name in Item 3 and your telephone number in Item 4 if you wish to remain anonymous.
4. Protect incident reports as "Restricted Information". Disclosure of restricted information could result in a serious breach of security
5. Mail, hand carry, email or facsimile under confidential cover the completed PS Form 1360 to the CIRT as follows:

Mail	Hand Carry	E-Mail	Facsimile
USPS CIRT UNITED STATES POSTAL SERVICE 4200 WAKE FOREST ROAD RALEIGH NC 27668-9000	USPS CIRT SOUTH BUILDING, 2ND FLOOR ROOM 290 4200 WAKE FOREST ROAD	uspscirt@usps.gov	A facsimile number is available upon request by calling 1-866-877-7247

**Section II - Additional Comments** *(To be completed by person reporting the incident and by USPS CIRT)*

1. Note if the incident was contained or corrected. Explain what action was taken, by whom, and when, if known.