

Recording of IT Security Incidents

(Please do not enter anything here. Will be filled in by the ISB!)

Incident ID

Date of occurrence of the security incident

Time of occurrence of the security incident

Date of the security incident report

Time of the security incident report

Reporting person

Last name

First name

Organizational unit

Telephone number

E-mail address

What happened?

Cyberattack

Ransomware

Phishing

Software error

Theft

Loss

Fraud

Sabotage

Hardware failure

System failure

Other incidents

Where did the IT security incident occur?

Building

Room

Street

Place

Details about the place

Notified persons/institutions

(Please do not select anything here. Will be filled in by the ISB!)

University Executive Board	ISB	DPO	Head of Central IT
IT Helpdesk	IT staff	Other employees	

Affected objects/persons

(multiple selection possible)

Information/Data	Hardware	Software
Documents	Communication systems	
IT-Service	Effects on third parties	

Category and number of persons concerned

Employees	Users	Customers	Others
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Quantity:

Description of the IT security incident

What remedial action has already been taken?

Additional information

Please send the form to itnotfall@fh-potsdam.de