



# State of Alaska

## State Security Office

*Providing Leadership in Security, Telecommunications Infrastructure and Information Technology*

**Incident Notification Report**  
 Call the State Security Office (907) 269-5000

<b>Security Event Name:</b>
<b>Date:</b>
<b>Security Event Number:</b>

✓	Question	Response
<b>1</b>	Name (of reporting individual)	
	Other point of contact	
	Agency or organization	
	Phone number (primary)	
	Phone number (alternate)	
	E-mail address	
	Source & Destination IP, Port, Protocol?	
	Physical Location of the System involved?	
	Who has been notified?	
	What actions have been taken?	

✓	Question	Response
<b>2</b>	Date and time of event	
	Date and time event was detected	
	Impact (i.e., who/what was affected and what was the impact?)	
	Type of incident:	
	Denial of service	
	Malicious code	
	Scans or information gathering	
	Unauthorized access	
	Loss or theft	
	Destruction of assets or data	
Other (describe to best of ability)		

✓	Question	Response
<b>3</b>	Attacking IP address(s) (if known)	
	Type of access gained	
	Network	
	Logged-on to device/computer	
	Use of resources	
	Access to information (if yes, type):	
	Personal/PII	
	Financial	
	Health	
	Insurance	
	Public	
	Other	

