DYS Computer Incident Report

Please submit form to Lori Altschul, DYS Principal immediately after any computer incident has taken place.

Today's Date: _____   Date of Computer Incident: _____

Facility: _____   Person Reporting: _____

Title/Position: _____

Specific Location/Room # Where Computer Incident Occurred: _____

Computer Number/Label: _____ Serial Number: _____

Details of Incident: (Be very specific)

_____
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Action Taken by Facility Personnel:

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Additional Notes:

Signature of Facility Representative/Date   DYS Signature/Date