**CYBERSECURITY INCIDENT REPORT FORM**

**Date of Report**: [DATE]

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| **CONTACT PERSON** |

**Full Name**: [FULL NAME] **Title/Role**: [TITLE/ROLE]

**Phone**: [PHONE] **E-Mail**: [EMAIL]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]

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| **INCIDENT DETAILS** |

**Date of Incident**: [DATE OF INCIDENT] **Time**: [TIME] [ ]  AM [ ]  PM

**How was the incident discovered?** [DESCRIBE DISCOVERY OF INCIDENT]

**Incident Category**: [ ]  Data Breach [ ]  Malware [ ]  Unauthorized Access [ ]  Phishing Attack

[ ]  Other: [OTHER]

**Describe the Incident**: [DESCRIBE THE INCIDENT]

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| **NOTIFICATION** |

**Were other personnel notified?** [ ]  Yes [ ]  No

**If yes, enter**: [LIST CONTACTED PERSONNEL]

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| **CONTAINMENT** |

**Were any containment measures made?** [ ]  Yes [ ]  No

**If yes, describe**: [DESCRIBE CONTAINMENT MEASURES]

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| **IMPACTED SERVICES** |

**Were any services permanently impacted?** [ ]  Yes [ ]  No

**If yes, describe**: [DESCRIBE IMPACTED SERVICES]

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| **ATTACK VECTOR** |

**Do you know how the attack was made?** [ ]  Yes [ ]  No

**If yes, describe**: [DESCRIBE ATTACK]

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| **INFORMATION IMPACT** |

**Was there any breach of data, records, or information?** [ ]  Yes [ ]  No

**If yes, describe**: [DESCRIBE BREACHES]

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| **ADDITIONAL INFORMATION** |

**Is there any other information that should be provided?** [ ]  Yes [ ]  No

**If yes, describe**: [DESCRIBE ADDITIONAL INFORMATION]

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| **OFFICE USE ONLY** |

**Report received by**: [FULL NAME]

**Signature**: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](https://esign.com/) **Date**: [DATE]

**Follow-up action taken**: [FOLLOW-UP ACTION TAKEN]