**CYBERSECURITY INCIDENT REPORT FORM**

**Date of Report**: [DATE]

|  |
| --- |
| **CONTACT PERSON** |

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

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

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

|  |
| --- |
| **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]

|  |
| --- |
| **NOTIFICATION** |

**Were other personnel notified?**  Yes  No

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

|  |
| --- |
| **CONTAINMENT** |

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

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

|  |
| --- |
| **IMPACTED SERVICES** |

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

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

|  |
| --- |
| **ATTACK VECTOR** |

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

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

|  |
| --- |
| **INFORMATION IMPACT** |

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

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

|  |
| --- |
| **ADDITIONAL INFORMATION** |

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

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

|  |
| --- |
| **OFFICE USE ONLY** |

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

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

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