CYBERSECURITY INCIDENT REPORT FORM

Date of Report: _____

CONTACT PERSON

Full Name: _____   **Title/Role**: _____

Signature: _____   **Date**: _____

INCIDENT DETAILS

Date of Incident: _____   **Time**: _____ ☐ AM ☐ PM

How was the incident discovered?

Incident Category: ☐ Data Breach ☐ Malware ☐ Unauthorized Access ☐ Phishing Attack
☐ Other: _____

Describe the Incident:

NOTIFICATION

Were other personnel notified? ☐ Yes ☐ No

If yes, enter: _____

CONTAINMENT

Were any containment measures made? ☐ Yes ☐ No

If yes, describe:

IMPACTED SERVICES

Were any services permanently impacted? ☐ Yes ☐ No

If yes, describe:

ATTACK VECTOR

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

If yes, describe:

INFORMATION IMPACT

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

If yes, describe:

ADDITIONAL INFORMATION

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

If yes, describe:

OFFICE USE ONLY

Report received by: _____

Signature: _____ **Date**: _____

Follow-up action taken: