**IT SECURITY INCIDENT REPORT FORM**

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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]

**Incident Severity**:  0  1  2  3  4  5  6  7  8  9  10

**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]