

IT SECURITY INCIDENT REPORT FORM

CONTACT PERSON

Full Name: _____ Title/Role: _____

Phone: _____ E-Mail: _____

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: _____

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

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 data, records, or information breached? ☐ 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: