**CYBERSECURITY (IT) INCIDENT REPORT FORM**

Use this form to report any cybersecurity issues, breaches, hacks, malware, or any other incidents involving a 3rd party.

Date of Report: [DATE]

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| **CONTACT PERSON** |

Full Name: [NAME] Address: [ADDRESS]

Job Title: [TITLE]

Phone: [PHONE] E-Mail: [E-MAIL]

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| **THE INCIDENT** |

Date of Incident: [DATE] Time: [TIME] [ ]  AM [ ]  PM

Type of Incident: [ ]  Malware [ ]  Data Breach [ ]  Other: [OTHER]

How was the incident detected / discovered? [DESCRIBE]

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| **NOTIFICATION** |

Were other personnel notified? [ ]  Yes [ ]  No

If yes, enter: [DESCRIBE]

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| **CONTAINMENT** |

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

If yes, describe: [DESCRIBE]

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| **IMPACTED SERVICES** |

Was anything permanently impacted by the incident? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE]

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| **ATTACK VECTOR** |

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

If yes, describe: [DESCRIBE]

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| **INFORMATION IMPACT** |

Was there any data, records, or information breached? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE]

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| --- |
| **OTHER** |

Is there any other information you would like to include in this report? [ ]  Yes [ ]  No

If yes, describe: [DESCRIBE]

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| **OFFICE USE ONLY** |

Report received by: [NAME] Date: [DATE]

Follow-up action taken: [DESCRIBE]