

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: _____, 20____

CONTACT PERSON

Full Name: _____ Address: _____

Job Title: _____

Phone: (____) ____ - ____ E-Mail: _____

THE INCIDENT

Date of Incident: _____, 20____ Time: ____:____ AM PM

Type of Incident: Malware Data Breach Other: _____

How was the incident detected / discovered? _____

NOTIFICATION

Were other personnel notified? Yes No

If yes, enter: _____

CONTAINMENT

Were any containment measures made? Yes No

If yes, describe: _____

IMPACTED SERVICES

Was anything permanently impacted by the incident? 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: _____

OTHER

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

If yes, describe: _____

OFFICE USE ONLY

Report received by: _____ Date: _____, 20____

Follow-up action taken: _____