CYBERSECURITY (IT) INCIDENT REPORT FORM

Please complete this form to document any IT security incidents, such as unauthorized access, system breaches, viruses, or other related events.

Report Submission Date: _____, 20_____

PRIMARY CONTACT

- **Name:** _____
- **Address:** _____
- **Position:** _____
- **Telephone: (___) -** _____
- **Email:** _____

DETAILS OF THE INCIDENT

- **Incident Date: _____, 20_____**
- **Incident Time:** _____ ☐ AM ☐ PM
- **Incident Category:** ☐ Virus ☐ System Breach ☐ Specify Other: _____
- **Detection Method:**

_____
_____
_____

NOTIFICATION

- **Were relevant parties informed?** ☐ Yes ☐ No
- **If yes, list contacts:**

_____
_____
_____

INITIAL RESPONSE

- **Were immediate actions taken?** ☐ Yes ☐ No
- **If yes, specify actions:**

_____
_____
_____

AFFECTED SYSTEMS

- **Were any systems permanently affected?** ☐ Yes ☐ No

- **If yes, provide details:**

  _____
  _____
  _____

SOURCE OF ATTACK

- **Is the source of the attack known?** ☐ Yes ☐ No
- **If yes, provide details:**

  _____
  _____
  _____

DATA INTEGRITY

- **Was any data compromised?** ☐ Yes ☐ No
- **If yes, provide details:**

  _____
  _____
  _____

ADDITIONAL NOTES

- **Any additional comments or information?** ☐ Yes ☐ No
- **If yes, provide details:**

  _____
  _____
  _____

FOR OFFICIAL USE ONLY

- **Report received by: _____**
- **Received Date: _____, 20_____**
- **Actions Taken:**

  _____
  _____
  _____