

CYBERSECURITY INCIDENT RESPONSE REPORT FORM

Use this form to document any cybersecurity incidents, such as breaches, malware, or unauthorized access.

CONTACT INFORMATION

- Last Name: _____
- First Name: _____
- Job Title: _____
- Phone: _____
- Alt Phone: _____
- Mobile: _____
- Email: _____

INCIDENT DETAILS

Incident ID: _____

Date/Time Incident Occurred: _____

Date/Time Incident Detected: _____

Location/Site: _____

Source of Incident:

- External
- Internal

Type of Incident:

- Malware
- Phishing
- Unauthorized Access
- Other: _____

Severity Level:

- Low
- Medium
- High

Impact Category:

- Internal Network

- Multiple Departments
- Entire Organization

Confidential/Personal Identifiable Information Affected?

- Yes
- No

Systems and Services Impacted:

INCIDENT DESCRIPTION

MITIGATION STEPS TAKEN

ADDITIONAL COMMENTS/NOTES
