**Information Security Incident Report Template**

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| **REPORTED BY:** |  |  | **DATE OF REPORT:** |  |
| **TITLE / ROLE:** |  |  | **INCIDENT NO.:** |  |

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| **INCIDENT ASSESSMENT:** | **NEGLIGIBLE:** |  | **MINOR:** |  | **SIGNIFICANT:** |  | **CRITICAL:** |  |

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| **INFORMATION SECURITY INCIDENT INFORMATION** |
| **DATE OF INCIDENT:** |  |  | **TIME OF INCIDENT:** |  |
| **INCIDENT MANAGER:** |  |  | **TITLE / ROLE:** |  |
| **PHONE:** |  |  | **EMAIL:** |  |
| **LOCATION:** |  |
| **SPECIFIC AREA OF LOCATION *(if applicable):*** |  |
| **INCIDENT TYPE:** |  |
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|  |  |
| **NO. OF HOSTS AFFECTED:** |  |  | **SOURCE IP ADDRESS:** |  |
| **IP ADDRESS:** |  |  | **COMPUTER / HOST:** |  |
| **OPERATING SYSTEM:** |  |  | **OTHER APPLICATIONS:** |  |
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|  |  |
| **INCIDENT DESCRIPTION:** |
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| **IMPACT ASSESSMENT:** |
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| **RESULTING DAMAGE:** |
|  |
| **IMMEDIATE ACTION TAKEN:** |
|  |
| **PLANNED ACTION AND RESULTING PREVENTATIVE MEASURES:** |
|  |
| **ADDITIONAL INFORMATION:** |
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| **INFORMATION SECURITY INCIDENT INFORMATION SHARING** |
| **DEPARTMENT REQUIRING NOTIFICATION** | **POINT OF CONTACT NAME** | **DATE OF NOTIFICATION** |
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| **REPORTING STAFF NAME:** |  | **REPORTING STAFF SIGNATURE:** |  | **DATE:** |  |
| **SUPERVISOR NAME:** |  | **SUPERVISOR SIGNATURE:** |  | **DATE:** |  |