**SECURITY INCIDENT RESPONSE REPORT FORM**

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| **INCIDENT IDENTIFICATION INFORMATION** | |
| Date and time of notification: | |
| **INCIDENT DETECTOR’S INFORMATION** | |
| Name: | Date and time detected: |
| Title: | Location: |
| Phone: | Email address: |
| **INCIDENT SUMMARY** | |
| Social engineering (e.g., phishing, scams)  Account compromise (e.g., lost password)  Malicious code (e.g., virus, worm, Trojan, malware, ransomware, etc.)  Unauthorized access (e.g., systems, devices)  Virus & Malware/Ransomware  Unauthorized information use/disclosure  Unplanned downtime  Theft/loss of equipment or media  Technical vulnerability (e.g., 0-day attacks)  Unknown/Other (Please describe below) | Accident  Eviction  Medical Condition  Missing / kidnapped person  Robbed/stolen property  Equipment damage  Office break-in  Equipment damage  Physical/verbal Assault  Aggression, Blackmail, Intimidation  Unknown/Other (Please describe below) |
| **Description of incident:** | |
| **Names & Contact Information of Others Involved:** | |
| **IMPACT/CONSEQUENCE OF INCIDENT (Check all that apply)** | |
| Loss of access to services  Loss of productivity  Loss of reputation  Unauthorized modification of data/information | Loss of revenue  Anxiety and stress  Propagation to other networks  Unauthorized disclosure of data/information |
| **PARTNERS THAT HAVE BEEN NOTIFIED** | |
| Police  Legal Counsel  Public Affairs  System/Application Vendor  Other. Specify: | |
| If no notification made, why? | |
| **REMEDIATION OF INCIDENT (Provide as much detail as possible)** | |
| Immediate corrective actions taken |  |
| Actions planned to prevent similar incidents: |  |
| Evidences Collected (supporting documents, system logs, recordings, etc.) |  |
| Additional remediation actions or details: |  |
| **RECOMMENDATIONS/EXTERNAL ASSISTANCE REQUEST (Describe assistance you would like to get)** | |
|  | |
| **FOLLOW-UP [**For Defenders Protection Initiative] | |
| Recommended Actions Carried Out |  |
| Additional information noted during response |  |
| Future recommendations or actions to take |  |
| Follow-Up Completed By | Name:  Position:  Phone:  Email: |