**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:  |