**INFORMATION SECURITY INCIDENT REPORT**

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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:** | | | | | | |
|  | | | | | | |
| 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:** | | | | | | |
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| **Immediate action taken:** | | | | | | |
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| **Planned action and resulting preventative measures:** | | | | | | |
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| **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: |  |