**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:** |
|  |
| **Incident description:** |
|  |
| **Impact assessment:** |
|  |
| **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: |  |