**Cyber Security Incident Response Incident Summary**

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# Incident Name:

General Information

# Incident Reporting:

Incident Initially Reported by: Date and Time Detected:

Method of Initial Report: Date and Time Reported:

Title: E-mail: Phone:

Initial Report Received by: Date and Time Received:

Title: E-mail: Phone:

Incident Summary Form by: Date and Time of Form:

Title: Signature:

Incident Summary

# Type of Incident Detected:

Email

Web

Impersonation

Improper Usage

External/Removable Media

Attrition

Loss or Theft of Equipment

Other:

# Incident Location:

Site: How was the Incident Detected:

Site Point of Contact:

E-mail: Phone:

Address:

Additional Information: