



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: _____
