

# Checklist for Preliminary Interviews

## Details of the Organization

Organization Name:

Contact Number:

Website:

Address:

*Additional Contact Information:*

## Details of the First Responder

Date of the  
Incident:

Date Report  
Processing  
Began:

Name:

Report  
Number:

Job Title:

Department:

Email Address:

Phone Number and, If Applicable, Extension:

*Small Description of the Attack:*

*Additional Details (If Any):*

| Measures to Collect Incident Information from the Crime Scene  |                          |
|--|--------------------------|
| Actions  | Completed                |
| Whether the persons present at the crime scene are identified  | <input type="checkbox"/> |
| Whether individual interviews are conducted as per the policy  | <input type="checkbox"/> |
| Whether everyone's physical position and reason for being there are noted properly   | <input type="checkbox"/> |
| Whether the incident was determined properly as a criminal act, policy violation, or accident  | <input type="checkbox"/> |
| Whether the suspect present at the crime scene was asked questions that are compliant with the relevant human resources or legislative guidelines concerning the jurisdiction          | <input type="checkbox"/> |
| Whether the suspects present at the crime scene were taken off guard during the initial interview  | <input type="checkbox"/> |
| Whether essential information such as the number of systems involved, persons associated with a particular account, and the relevant passwords were taken from the local administrator | <input type="checkbox"/> |
| Whether a complete custody of the physical evidence has been taken for its safety and security   | <input type="checkbox"/> |
| Whether the evidence is secured in such a way that only a person with complete authority is allowed access   | <input type="checkbox"/> |

\_\_\_\_\_  
**First Responder's Signature**

\_\_\_\_\_  
**Date**