

GENERAL INFORMATION

Incident Detected By:

Name: _____

Fax: _____

Title: _____

Email: _____

Phone: _____

Address: _____

Mobile: _____

Signature: _____

INCIDENT SUMMARY

Type of Incident Detected

- ☐ External Exploitation ☐ Information Leakage ☐ Malicious Email ☐ Denial of Service
☐ Internal Exploitation ☐ Malware ☐ Other: _____

Incident Location

Site: _____

Fax: _____

Unit (IT) Manager: _____

Email: _____

Phone: _____

Address: _____

Mobile: _____

How and When was the Incident Detected? _____

Are There Any Physical Security Measures in Place? What are They? _____

Additional Information: _____

