

Incident Response Report

Date: [Insert Date]

Incident ID: [Insert Incident ID]

Reported By:

Name: [Insert Name]

Department: [Insert Department]

Contact Information: [Insert Contact Info]

Incident Details:

Type of Incident: [Insert Type]

Description: [Insert Description]

Date and Time of Incident: [Insert Date & Time]

Location: [Insert Location]

Immediate Actions Taken:

- [Action 1]
- [Action 2]
- [Action 3]

Impacted Systems:

[Insert List of Impacted Systems]

Follow-Up Actions Required:

- [Follow-Up Action 1]
- [Follow-Up Action 2]

Report Submitted By:

Name: [Insert Name]

Title: [Insert Title]

Signature: _____

Distribution List:

[Insert Name 1]

[Insert Name 2]

[Insert Name 3]