

# Incident Response Form

Incident Response Form	
<i>Document of Record for an observed incident</i>	
Observers Name	Date of Incident
Reported To	Date of Report
Workforce members involved	

Incident Report Detail - <i>The Incident Report Form is the document of record for an incident. It provides the evidence and documentation that proper investigation and actions were taken. As well as the assessment of the risk and impact of the incident.</i>	
Type of Incident	Description of the incident in as much detail as possible
<input type="checkbox"/> Malicious Software <input type="checkbox"/> Employee Wrongdoing <input type="checkbox"/> Customer/User Wrongdoing <input type="checkbox"/> BA/Subcontractor Wrongdoing <input type="checkbox"/> Theft <input type="checkbox"/> Potential Breach <input type="checkbox"/> Vulnerability / Finding <input type="checkbox"/> Other	
Severity of Incident	<input type="checkbox"/> <b>1 – Critical:</b> “Breach of Confidential Information or prolonged disturbance to critical system or application.” <input type="checkbox"/> <b>2 – High:</b> “Incident had an adverse impact on an important system and was not caught in time to prevent said impact.” <input type="checkbox"/> <b>3 – Medium:</b> “This incident had an impact but it was caught before any significant damage was done. Medium to little impact on critical system or process.” <input type="checkbox"/> <b>4 – Low:</b> “This incident did not impact or impacted only slightly any system.”
Systems impacted (if any)	
Any steps taken to mitigate or fix incident/vulnerability:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Incident Reporting Provenance		
Incident History	<input type="checkbox"/> Incident Investigated	Date:
	<input type="checkbox"/> Incident Resolved	Date:
Privacy Officer Reviewed and Approved		Date:
Security Officer Reviewed and Approved		Date:
Chief Executive Officer Reviewed and Approved		Date: