NECCDC INCIDENT RESPONSE FORM

CONTACT INFORMATION	
Team Number	
Time Incident Identified	
Target of Attack	

BUSINESS IMPACT	
Attack Vector	
Functional Impact	
Information Impact	
Recoverability	

DESCRIPTION OF INCIDENT/ACTIVITY			
Time First Identified		Time Last Identified	
System(s) Impacted		User(s) Impacted	
Record(s) Impacted		Location(s) of Observed Activity	

Executive Summary:

NECCDC INCIDENT RESPONSE FORM

Indicators of Compromise/ Root Cause of incident:

Mitigation Action Taken (if any):

Lessons Learned/Opportunity for Improvement

NECCDC INCIDENT RESPONSE FORM