4 IT INCIDENT REPORT TEMPLATE

Incident Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date & Time of Incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reported By (Name & Department): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location (Physical or Network): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Incident Type (Check all that apply):
* System Outage
* Network Issue
* Hardware Failure
* Software/Application Issue
* Security Breach
* User Error
* Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of the Incident:  
Provide a clear, concise explanation of what happened. Include details such as error messages, systems affected, and user-reported symptoms.  
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Users or Departments Affected:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Immediate Impact:
* Minor – Minimal disruption, workarounds available
* Moderate – Disruption to multiple users, partial system loss
* Major – System-wide outage, critical operations affected

Brief Impact Description:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Initial Response Actions Taken:  
Describe any steps taken to mitigate the issue or identify the cause.  
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Escalation Details:  
- Escalated to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Tier 2 / Tier 3 / Vendor)  
- Date & Time of Escalation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resolution Steps & Timeline:  
Explain how the issue was resolved and the total time to fix.  
  
Start Time: \_\_\_\_\_\_\_\_\_\_\_\_  
End Time: \_\_\_\_\_\_\_\_\_\_\_\_  
  
Steps Taken:  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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Post-Incident Follow-Up or Recommendations:  
Optional: suggestions for preventing recurrence, monitoring, or training.  
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Submitted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_