

Cyber Security Incident Incident Reporting Form

1. Contact Information for this Incident				
Name:				
Title:				
Work Phone:				
Mobile Phone:				
Email address:				
2. Incident Description.				
3. Impact / Potential Impact Check all of the following that apply to this incident.				
 Loss / Compromise of Data Damage to Systems System Downtime Financial Loss Other Organizations' Systems Affected Damage to the Integrity or Delivery of Critical Goods, Services or Information Violation of legislation / regulation Unknown at this time 				
Provide a brief description:				



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Sensitivity of Data	Table of the Control	all of the following that apply to this incident.	
Category	Example		
Public	This information has been specifically approved for public release by Public Relations department or Marketing department managers.		
Internal Use Only	This information is intended for use within the company and in some cases within affiliated organizations. Unauthorized disclosure of this information to outsiders may be against laws and regulations.		
Restricted/Confidential (Privacy Violation)	This information is private or otherwise sensitive in nature and must be restricted to those with a legitimate business need for access. Unauthorized disclosure of this information to people without a business need for access may be against laws and regulations. Examples are customer account information and worker performance evaluation records.		
Unknown/Other	Describe in the space provided		
Public Internal Use Only		Restricted / Confidential (Privacy violation) Unknown / Other – please describe:	
Provide a brief description o	f data that was compro	omised:	
5. Who Else Has Been Notifi	ed?		
6. What Steps Have Been Ta	iken So Far? Check all c	of the following that apply to this incident.	
No action taken System Disconnected fro	Restored backup Log files examined (saved & secured) Other – please describe:		



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Provide a brief description:	
7. Incident Details	
Date and Time the Incident was	
discovered:	
Has the incident been resolved?	
Physical location of affected system(s):	
Number of sites affected by the incident:	
Approximate number of systems affected by the incident:	
Approximate number of users affected by the incident:	
Are business partners, affected by the incident?	
(Y or N – if Yes, please describe)	
Please provide any additional information that you feel is important but has not been provided elsewhere on this form.	

Completed forms should be submitted to badyr.valcarcel@navigatr.com