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| INCIDENT MANAGEMENT FORM | | | | |
| Incident No: |  | | **Department Name:** |  |
| Reported By: |  | | **Open Time and Date:** |  |
| Detected By: |  | | **Close Time and Date:** |  |
| Class of incident: | *(Low, Medium and High)* | | | |
| Security Incident: *(brief description of the Incident)* | | | | |
| Root Cause of Incident: | | | | |
| Incident Alert: | | | | |
| Monetary Damage: | | | | |
| Business Impact: | | | | |
| Affected Systems/Applications: | | | | |
| Affected Employees: | | | | |
| Outage information: | | | | |
| Suspected Attack method: | | | | |
| Information Compromised and Classification of Information: | | | | |
| Corrective Action: | | | | |
| Preventive Action: | | | | |
| Action Taken by: | | Status of Incident *(closed, open or in-progress)*: | | |
| Reviewed by: | | Remarks: | | |
| Approved by: | | | | |

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