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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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