

Cybersecurity Incident Response Form

Reported By	<input type="text"/>		
Date & Time of Incident	<input type="text"/>		
Contact Information	<input type="text"/>	Incident Type	<input type="text" value="System(s) Affected"/>
<input type="text"/>	Incident Description	<input type="text"/>	Immediate Actions Taken
<input type="text"/>	Evidence Collected	<input type="text"/>	Teams/Individuals Notified
<input type="text"/>	Follow-up Actions Needed	<input type="text"/>	