

# Cybersecurity Phishing Attempt Witness Statement Form

## Your Details

Full Name

Department / Team

Contact Information (Email or Phone)

## Incident Details

Date of Incident

Time of Incident

How did you receive the phishing attempt?

Please describe what you witnessed

Sender Information (if applicable)

Recipient(s) (if known)

What actions did you take?

Evidence Collected (e.g. screenshots, email headers)

Additional Comments