

Malware Infection Report

Incident Details

Date of Detection

Time of Detection

Reported By

Contact Information

System Information

Device Name / ID

Operating System

Network / Location

Malware Details

Type of Malware

Name / Family (if known)

Description of Infection

Actions Taken

Immediate Actions

Antivirus / Tools Used

Was Device Isolated?

Impact Assessment

Systems/Data Affected

Estimated Impact

Additional Comments