

N1NJ4 Tech Solutions

Incident Report

Incident Overview

Date/Time of Incident:

System(s) Affected:

Impact Level:

Type of Incident:

Description of Incident:

Discovery & Initial Response

Who discovered incident?:

How detected?:

Actions Taken:

Logs/Evidence Available?:

Contact Information

Client Name:

Company:

Email:

Phone:

Preferred Contact Method:

Authorization

Client Signature:

Date: