

Refer to Incident Response Policy 1.11 (This form is confidential once completed)

## **Incident Response Form**

Community Foundation of Portage & District

### **1. General Information**

**Date & Time Reported (Event Name (if applicable)):**

---

---

**Location:** \_\_\_\_\_

**Reported By:** \_\_\_\_\_

**Contact Info:** \_\_\_\_\_

### **2. Incident Classification**

*Select one or more applicable incident types:*

- ☐ External Threat
- ☐ Medical Event
- ☐ Fire / Hazardous Event
- ☐ Workplace Accident
- ☐ Workplace Behavior (e.g., harassment, misconduct, conflict)
- ☐ Security Breach / Unauthorized Access
- ☐ Lost or Stolen Device
- ☐ Malware/Ransomware Infection
- ☐ Service Outage / Disruption
- ☐ Other: \_\_\_\_\_

**Internal Contacts Notified:** (Name, role):

---

---

**External Contacts Notified:** (e.g., cybersecurity vendors, law enforcement etc.)

---

### 3. Incident Description:

## Summary

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**Date & Time of Occurrence:**

---

**Confidential Data Involved (if applicable):**

---

---

---

### Type of Behavior Issue

[illegible]

---

---

---

---

---

## 5. Cybersecurity Incident Details *(if applicable)*

### Type of Cyber Incident

(e.g., malware, unauthorized access, phishing attempt, data breach)

---

---

---

---

---

---

---

---

### Systems, Devices, or Data Affected

---

### Indicators of Compromise or Anomalies Observed

---

### Date & Time of Detection

---

### Detection Method

(e.g., automated alert, manual review, employee report)

---

---

---

---

---

---

---

[illegible]

## 6. Follow-Up Information

### Immediate Actions Taken:

---

---

---

### Containment or Mitigation Actions Taken

---

---

Remediation Steps Taken: \_\_\_\_\_

Affected Systems Restored: \_\_\_\_\_

Replaced/Recovered Devices: \_\_\_\_\_

Notifications Sent to Affected Parties or Stakeholders: \_\_\_\_\_

External Reports Filed (e.g., insurers):

---

Assigned Person for Follow-Up:

---

Follow-Up Actions Taken:

---

---

Follow-Up Date(s) : \_\_\_\_\_

Policies to be Reviewed/Updated:

---

---