[Company name]

How to use this document: delete this paragraph before saving, sharing, or circulating it. Every part shown in blue is yours to replace: type your own details over each blue [field] until no blue remains. Then select all (Ctrl+A) and set the font colour to the same dark colour throughout. What is left is your finished document.

IT Incident Report Form

The factual record of one incident: what happened, who was affected, what fixed it, and what happens next.

1. Incident details: Incident reference number: _____ **Title of this incident:** _____

Date and time the incident started: _____ **Date and time the incident was detected:** _____

Date and time service was restored: _____ **Person reporting this incident:** _____

Incident lead: _____ **Severity of this incident:** _____

Status of this incident: _____

2. Summary [Summary of this incident in two or three sentences: what stopped working, for whom, and for how long.]

3. Impact: Systems and services affected: _____ **Users or locations affected:** _____

Number of users affected: _____ **Business effect of this incident:** _____

Data lost or exposed: _____

4. Timeline Record events in time order, using one time zone throughout, stated here: [Time zone used in this timeline]. Add or remove rows as needed.

Date and time	Event, action, or decision	Person responsible	Evidence or reference

5. Cause [Confirmed cause of this incident, or confirmation that the cause is not yet known.] [Contributing factors that made this incident more likely or more severe.] [Questions still open about the cause, and who is pursuing each one.]

6. Response and resolution [Immediate actions taken to contain this incident and limit its impact.] [Fix that restored service, and anything that is still temporary rather than permanent.] [Workaround given to affected users while service was unavailable.]

7. Evidence preserved [Location where logs, screenshots, and other evidence for this incident are stored.] [Reference numbers for any related tickets, alerts, or monitoring records.]

8. Follow-up actions Each action needs an owner and a due date. Add or remove rows as needed.

Follow-up action	Owner of this action	Due date for this action	Status of this action

9. Lessons and prevention [Lesson learned from this incident.] [Change that will prevent a repeat, or reduce its impact, and the action number it relates to in section 8.]

10. Sign-off: Incident lead name: _____ **Reviewer name:** _____

Incident lead signature: _____ **Reviewer signature:** _____

Date of sign-off: _____