

CITY OF KELLER Information Services Department	POLICY NAME: Information Services Security Incident Response Form
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Computer Security Incident Response Capability (CSIRC)

Reporting Form

DATE OF REPORT: _____ (mm/dd/yyyy)

DATE OF INCIDENT: _____ (mm/dd/yyyy)

POINT(S) OF CONTACT: _____ PHONE/EXT/EMAIL: _____

LOCATION(S) OF INCIDENT: _____

SYSTEM(S) AFFECTED: _____

METHOD OF DETECTION: _____

NATURE OF INCIDENT: _____

INCIDENT DESCRIPTION: _____

ACTIONS TAKEN/RESOLUTION: _____

Copies To:

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