**Employee Incident Reporting Form**

**Instructions:**  
Please complete this form if you suspect or have observed any cybersecurity incident, unusual behavior, or unauthorized access within the firm. Complete all sections to the best of your knowledge and submit it to the Compliance and IT Security teams immediately. Reported information will be treated confidentially and used solely for investigation and response purposes.

**Section 1: Employee Information**

|  |  |
| --- | --- |
| **Name** |  |
| **Phone Number** |  |
| **Email Address** |  |
| **Date of Report Submission** |  |

**Section 2: Incident Details**

|  |  |
| --- | --- |
| **Date and Time of Suspected Incident** |  |
| **Location or System Impacted** |  |
| **Description of Incident**  *Provide a brief description of the suspected incident: what you observed, error messages, unauthorized access details, etc.*  *Reference the type(s) of suspected incident: unauthorized access to sensitive data, phishing or suspected malware, suspicious system or network behavior, data exfiltration attempt, unauthorized device or software use, etc.)*  *Also describe any actions you took in response to the incident: disconnecting from the network, reporting to IT, etc.* |  |

**Section 3: Potential Impact**

|  |  |
| --- | --- |
| **Describe any sensitive data or systems impacted** *(client data, financial information, compliance systems, etc.)* |  |
| **Have you noticed any impact on Firm operations or client data due to this incident? If yes, please specify:** |  |

**Section 4: Additional Information**

|  |  |
| --- | --- |
| **Are you aware of any other employees or clients who may have been affected?** |  |
| ***If yes, please provide names/contact information if available*** |  |

**\*\*Attach any supporting documentation, screenshots, or logs if available\*\***

**Section 5: Acknowledgment**

By submitting this form, I confirm that the information provided is accurate to the best of my knowledge. I understand that submitting this report promptly is essential to comply with the firm's Incident Response and SEC cybersecurity policies.

* **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**For Compliance/IT Security Use Only**

|  |  |
| --- | --- |
| **Date Received** |  |
| **Assigned Incident Response Team Member** |  |
| **Initial Assessment** |  |
| **Follow-up Actions Required** |  |