[Your Company/IT Department Logo]

**ITIL Incident Report Template**

|  |  |
| --- | --- |
| **Incident ID:** | [Unique Incident Identifier] |
| **Date:** | [Date of Incident Report] |
| **Reporter:** | [Name and Contact Information of the Person Reporting the Incident] |
| **Assigned To:** | [Name and Contact Information of the Assigned IT Support Personnel] |
| **Incident Status:** | [Open/Closed/Resolved] |
| **Priority:** | [Low/Medium/High/Urgent] |

# **1. INCIDENT DETAILS**

|  |  |
| --- | --- |
| Date/Time of Incident: | [Date and Time when the Incident Occurred] |
| Incident Description: | [Detailed description of the incident, including what happened, and the impact on the affected service or system] |

# **2. INCIDENT CATEGORIZATION**

|  |  |
| --- | --- |
| Categorization: | [Hardware/Software/Network/Security/Other] |
| Incident Description: | [Additional classification of the incident] |

# **3. INCIDENT IMPACT**

|  |  |
| --- | --- |
| Impact on Business: | [Description of the impact on business operations or services] |
| Number of Affected Users: | [Number or list of users affected by the incident] |
| Affected Service(s) or System(s): | [List the affected IT services or systems] |

# **4. INCIDENT PRIORITY AND ESCALATION**

|  |  |
| --- | --- |
| Initial Priority: | [Low/Medium/High/Urgent] |
| Justification for Priority: | [Explain the reason for assigning the specified priority level] |
| Escalation Level: | [Indicate the level of escalation, if applicable] |

# **5. INCIDENT RESOLUTION**

|  |  |
| --- | --- |
| Resolution Steps: | [Steps taken to investigate and resolve the incident] |
| Root Cause: | [If known, state the root cause of the incident. If not known, indicate that further investigation is required] |
| Workaround: | [If applicable, describe any temporary workaround put in place] |

# **6. INCIDENT REVIEW**

|  |  |
| --- | --- |
| Lessons Learned: | [Any insights or lessons learned from the incident] |
| Recommendations: | [Recommendations for process improvements or preventive measures] |

# **7. INCIDENT CLOSURE**

|  |  |
| --- | --- |
| Resolution Date/Time: | [Any insights or lessons learned from the incident] |
| Resolved By: | [Recommendations for process improvements or preventive measures] |
| Closure Remarks: | [Final remarks or comments on the incident closure] |

# **8. INCIDENT APPROVAL**

|  |  |
| --- | --- |
| Approved By: | [Name and contact information of the person approving the incident report, if required] |
| [Optional]: | Attach any relevant screenshots, logs, or additional documentation related to the incident. |

[Your Company/IT Department Contact Information]