MY CONTACT INFORMATION

Please provide your contact information so that we are able to contact you should we need to follow
using this form. However, incomplete contact information may limit US-CERT's ability to process or a

First Name	
Last Name	
Telephone	
Email Address * Required	

MY ORGANIZATION

What type of organization are you? * Required (Select One)	
Please enter the organization's internal tracking number (if applicable):	

DATE AND TIME INFORMATION

When, approximately, did the incident start?	
Date	
Time	

When was this incident detected? * Required	
Date	
Time	

From what timezone are you making this report? (Select One)	

INCIDENT DESCRIPTION

Please enter a brief description of the incident:	

IMPACT DETAILS

Was the confidentiality, integrity, and/or availability of your organization's information systems potentially compromised? * Required

Impact Category	
Functional Impact – A measure of the impact to business functionality or ability to provide services	
Information Impact – Describes the type of Information lost, compromised, or corrupted.	
Recoverability – Identifies the scope of resources needed to recover from the incident	

Attack Vector	

Location of Observed Activity: Where the observed activity was detected in the network.	
Actor Characterization*	

Cross-Sector Dependency*

Potential Impact*

* This element is not selected by the reporting entity.

-up. Your contact information is not required to submit a report
ct on your report.

E.g., 06/26/2017
E.g., 12:10 PM

E.g., 06/26/2017
E.g., 12:10 PM

The type of actor(s) involved in the incident (if known).

A weighting factor that is determined based on cross-sector analyses conducted by the DHS Office of Critical Infrastructure Analysis (OCIA).
An estimate of the overall national impact resulting from a total loss of service from the affected entity