CISAINCIDENT REPORTING SYSTEM

SCREENSHOTS

HTTPS://US-CERT.CISA.GOV/FORMS/REPORT

OMB CONTROL NO.: 1670-0037; EXPIRATION DATE: 12/31/2021

CISA INCIDENT REPORTING SYSTEM INSTRUCTIONS



We encourage you to report any activities that you feel meet the definition of an incident.

INSTRUCTIONS, CONTINUED

Using the CISA Incident Reporting System

In order for us to respond appropriately, please answer the questions as completely and accurately as possible. Questions that must be answered are marked with a red asterisk. This website uses Secure Sockets Layer (SSL) / Transport Layer Security (TLS) to provide more secure communications than unencrypted email.

Do not copy and paste malicious code directly into this form. Fill out this incident report in detail. Then, provide the resulting CISA Incident ID number in the Open Incident ID field of the Malware Analysis Submission Form where you can submit a file containing the malicious code.

Please refrain from including PII or SPII in incident submissions unless the information is necessary to understanding the nature of the cybersecurity incident.

Show Pending Required Fields Panel Show Malware Submissions Panel All fields are optional unless marked *Required

I am:

The impacted user reporting on behalf of the impacted user

CONTACT INFORMATION

MY CONTACT INFORMATION	
	o that we are able to contact you should we need to follow-up. Your contact information is not required to submit a report using this form. may limit US-CERT's ability to process or act on your report.
First Name	Last Name
Telephone	
Email Address * Required	

ORGANIZATION

IY OF	RGANIZATION
_	type of organization are you? * Required vate Sector
	Please enter your company name:
	Please specify either Business or Individual ★Required
	◯ Business ◯ Individual
ease e	enter the organization's internal tracking number (if applicable):

DATE/TIME OF INCIDENT

nen, approximate	ely, did the incident start?	
021-05-21	21:44:15	
ter the date using	the format YYYY-MM-DD (e.g., 2021-05-21). Enter the time using the format hh:mm:ss (e.g., 21:44:15).	
When was this	s incident detected? * Required	
2021-05-21	21:44:15	
Enter the date usi	ing the format YYYY-MM-DD (e.g., 2021-05-21). Enter the time using the format hh:mm:ss (e.g., 21:44:15).	
om what timezon	ne are you making this report?	

INCIDENT DESCRIPTION

NCIDENT DESCRIPTION	
ease enter a brief description of the incide	ent:
ADACT DETAIL O	
IPACT DETAILS	
Was the confidentiality, integrity, and	d/or availability of your organization's information systems potentially compromised? *Required
○ Yes ○ No	
Cancel	Next

PRIVACY ACT STATEMENT

Privacy Act Statement

Authority: 5 U.S.C. § 301 and 44 U.S.C. § 3101 authorize the collection of this information.

Purpose: The primary purpose for the collection of this information is to allow the Department of Homeland Security to contact you about your request.

Routine Uses: The information collected may be disclosed as generally permitted under 5 U.S.C. § 552a(b) of the Privacy Act of 1974, as amended. This includes using the information as necessary and authorized by the routine uses published in DHS/ALL-002 - Department of Homeland Security (DHS) Mailing and Other Lists System November 25, 2008, 73 FR 71659.

Disclosure: Providing this information is voluntary. However, failure to provide this information will prevent DHS from contacting you in the event there are questions about your request.

Version: 3.0 | Report ID: 2021-USCERTv3JJO0Q | Date: 202105212130 Email comments and feedback on the Incident Reporting Form

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Contact Us

(888)282-0870

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Receive security alerts, tips, and other updates.

Enter your email address

Report

PAPERWORK REDUCTION ACT STATEMENT

 CISA estimates that the total average burden per response associated with this collection is approximately 0.05 hours. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The control number for this collection is OMB 1670-0037, which expires 12/31/2021.
 Send comments regarding this burden estimate or collection to: DHS/CISA, Attention: PRA 1670-0037, Mailstop: 0635, 245 Murray Lane SW Bldg 410, Washington, DC 20528.