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| malware.lu CERT |
| Incident reporting form |
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| Type | Standard |
| Sequence number | C005 |
| Version | 1.0 |
| State | Final |
| Document owner | C. Harpes |
| Date | 13/03/2017 |
| Classification | Public |

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| Contact information |
| First Name |  |
| Last Name |  |
| Email Address *(Required)* |  |
| Organization Name |  |
| Telephone number |  |
| What type of follow-up action are you requesting at this time? | Please select |
| From what time zone are you making this report? | Please select |
| Incident identification |
| What is the impact to the targeted organization? | Please select |
| Describe the current status or resolution of this incident. | Please select |
| Was critical infrastructure (or system) impacted by this incident? | Please select |
| What is the category of the incident? | Please select |
| What is the approx. time the incident started? (local time) | Please select | 01:00 |
| When was this incident detected? (local time) | Please select | 01:00 |
| Incident details |
| Please provide a short description of the incident and impact. |
|  |
| Which systems are impacted by this incident (how many, name(s), classification(s), location(s) and are they national or local systems)(Leave blank if unknown) |
|  |
| Was the data involved in this incident encrypted?  | Please select |
| What was the primary method used to identify the incident? | Please select |
| Additional information (free text, example: actions done) |
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| **The following form has been developed to ease gathering incident information. If you believe you have been involved in an incident, please complete - as much as possible - the following form, and send it to** **cert@malware.lu** **(public KeyID:** **0xC8F71EEB )****Alternatively, you may also call us at +352 26 176 212** |