

Cyber Incident Form

CONTACT INFORMATION

First Name	<input type="text"/>	Last Name	<input type="text"/>
Email	<input type="text"/>	Phone	<input type="text"/>
Organization	<input type="text"/>		

Are there any other contact details you can share to help us in responding to your request?

INCIDENT INFORMATION

When did your incident start?

Is your incident still ongoing or has it stopped?

If relevant, what is the NATO security classification of the affected system?

Please provide a brief description of your cyber incident. What has been observed and what are the consequences of the incident?

What is the security classification of the information you provided and does it have any distribution restrictions?

What actions/activities have been taken already?

Was the information about this incident received from a journalist, the media, or a researcher?

Yes ☐ No ☐

If yes, have you already liaised with your local Office of Public Affairs?

If relevant, which NATO element is the providing CIS/IT support for this network/device/service?

AUTHENTICATION

Thank you for completing the cyber incident form. Please ensure all information is accurate before submitting. Please send your completed form to ncirtc@ncirc.nato.int along with the PGP Fingerprint: 5542 3A40 27C3 DC5C F7C0 CD68 FE02 DAD3 A324 30F7.

DATE OF SUBMISSION

CONTACT INFORMATION

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