Data Breach Report Submission Form

Reporting Entity’s Information

• Entity Name

• Entity Street Address

• Entity City/Town

Entity State

Entity Zip/Postal Code

• Entity Industry or Line of Business

Organization Size (Based on # of Employees)
Your Information / Point of Contact’s Information

• First Name

• Last Name

• Title

• Firm/Organization

Street Address

City/Town

State

Zip/Postal Code

• E-mail Address

• E-mail Address Confirm
Phone Number
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Breach Details

Did the Breach Occur at a Third Party?

- [ ] Yes
- [x] No

Third-Party’s Information (Complete if You Selected “Yes” Above)

Third-Party Name

Third-Party State

Industry or Line of Business

Relationship to Reporting Entity

Date Third-Party Notified Reporting Entity of the Breach

Type of Breach (Select All That Apply)

- [ ] Systems Breach – Phishing/Email Compromise
- [ ] Systems Breach – Ransomware
- [ ] Systems Breach – Credential Compromise
- [ ] External Systems Breach – Other
- [ ] Inadvertent Disclosure (e.g. misdirected email)
- [ ] Employee Misuse or Insider Wrongdoing
- [ ] Loss or Theft of Device, Documentation or Media
- [ ] Other Breach (Describe Below)
Description of Breach

Information Involved (Select All That Apply):

- [ ] Social Security Number
- [ ] Individual Taxpayer Identification Number (ITIN)
- [ ] Identity Protection Personal Identification Number (IP PIN)
- [ ] Driver's License Number / Non-Driver ID
- [ ] Passport Number
- [ ] Credit and/or Debit Card Number
- [ ] Financial Account Number & Security Code / Password
- [ ] Medical Information
- [ ] Health Insurance Information
- [ ] Biometric Information
- [ ] Username / E-mail Address & Password
- [ ] Other

Other Information (Describe Below)

Is the Reporting Entity required to provide notification pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA)?

- [ ] Yes
- [ ] No

Total Affected Individuals Including Connecticut Residents (Number Only)

Total Affected Connecticut Residents (Number Only)

Dates Related to Breach:

Breach Start Date
Breach End Date
mm/dd/yyyy

• Breach Discovery Date
mm/dd/yyyy

• Consumer Notification Date
mm/dd/yyyy

Was notification delayed at the request of law enforcement?

☐ Yes
☐ No

Method of Notification to Affected Individuals (Select All That Apply):

☐ Written
☐ Electronic
☐ Telephone
☐ Substitute Notice

Are identity theft protection services (such as credit monitoring) being offered to affected individuals?

☐ Yes
☐ No

Name of identity theft protection provider and name of product or service.


Duration of identity theft protection service in months (Number Only)


*Note that if Social Security Numbers were compromised in the Breach, Connecticut law requires appropriate identity theft protection services be provided to affected Connecticut residents for a minimum of twenty-four (24) months.

Select and Describe All Actions Taken in Response to Breach:

☐ Changed / strengthened passwords
☐ Implemented multi-factor authentication
☐ Implemented new technical safeguards
☐ Improved physical security
☐ Revised policies and procedures
Trained or retrained workforce members
Sanctioned workforce members
Other Actions (Describe Below)

Other Actions Taken in Response to Breach:

Additional Comments:
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Attachments

- You may upload up to 3 files, and each file size is limited to 10 MB.
- The preferred file type is .pdf, but .docx, .doc, and .txt are acceptable.
- If you need to upload an image, the preferred image file type is .jpg or .jpeg, but .tiff, .png, and .bmp are acceptable.
- Please upload a template copy of the notice to impacted Connecticut residents under “Template Consumer Notification (Required)”. If you have more than one template notice, please combine and upload them as a single file.
- You may upload a cover letter under “Cover Letter (Optional)” and any additional supporting documentation you wish to include under “Other (Optional)”.
- Please do not include any identifying consumer personal information.

Template Consumer Notification (Required)

Cover Letter (Optional)

Other (Optional)