

The Office of Attorney General William Tong

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Data Breach Report Submission Form

REPORTING ENTITY
INFORMATION

CONTACT INFORMATION

BREACH DETAILS

ATTACHMENTS

REVIEW

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)

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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
 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

 mm/dd/yyyy

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

mm/dd/yyyy

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)

No file chosen

Cover Letter (Optional)

No file chosen

Other (Optional)

No file chosen

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