

# The Office of the Attorney General <sup>(<https://portal.ct.gov/ag>)</sup> **William Tong**

[CT.gov Home](#) <https://portal.ct.gov/> [William Tong](#) <https://portal.ct.gov/ag> Data Breach Report Submission Form

## Data Breach Report Submission Form

Use this form only for initial reports. Do not use this form for supplemental reports or updates. Supplemental reports or updates should be e-mailed to [ag.breach@ct.gov](mailto:ag.breach@ct.gov) (<mailto:ag.breach@ct.gov>) with the case number if you have it.

Do not use this form for anything other than an initial breach notice. If you wish to file a consumer complaint, please use: [CT Attorney General: e-Complaint Form.](https://www.dir.ct.gov/ag/complaint/) (<https://www.dir.ct.gov/ag/complaint/>)

INTRODUCTION

REPORTING ENTITY  
INFORMATION

CONTACT INFORMATION

BREACH DETAILS

ATTACHMENTS

REVIEW

### 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

**BACK**      **NEXT**

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INTRODUCTION

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CONTACT INFORMATION

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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

#### 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 (2,000 characters max.)

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

**Is the Reporting Entity providing notice pursuant to a state contract?**

☐ Yes

☐ No

**If yes, please provide details on the contract to include the contracting agency.**

**Total Affected Individuals Including Connecticut Residents (Number Only)**

**Total Affected Connecticut Residents (Number Only)**

**Dates Related to Breach:**

• **Date Systems were Initially Compromised (If unknown, provide best estimate and describe in additional comments)**

• **Date Systems were Remediated**

• **Date Security Incident Discovered**

• **Date Personal Information of CT Residents Discovered to be Involved**

• **Date of Consumer Notification**

**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 this number must match the consumer notification template.**

\*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:

BACK

NEXT

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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.
- An error will display if a file name contains any of the following invalid special characters: { } % < > ! @ # \$ ^ \* ; " ~ + | ?
- 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

**BACK**

**REVIEW**



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CONTACT INFORMATION

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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)

[BACK](#)

[NEXT](#)