Cyber security Incident – REPORT FORM

This form can be used to report cyber security incidents to the National Cyber Security Centre (NCSC), which is part of the Government Communications Security Bureau.

If you would like to request assistance from NCSC in relation to the incident, please use the Cyber Security Incident – Request for Assistance Form (Evaluation Services). You do not need to complete this form if you complete a Request for Assistance Form.

Send this completed Cyber Security Incident Report form to NCSC by email ([incidents@ncsc.govt.nz](mailto:incidents@ncsc.govt.nz)), or post (National Cyber Security Centre, PO Box 12-209, Wellington 6144). If the completed form contains confidential or classified information please contact NCSC to arrange an alternative method of receipt.

If you have any questions about this Cyber Security Incident Report Form, you can contact NCSC by phone on (04) 498 7654.

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| **Part 1: Your CONTACT DETAILS** | | | | |
| **your Organisation** | | | | |
| Organisation Name: | | Click here to enter text. | | |
| Physical Address: | | Click here to enter text. | | |
| Postal Address: | | Click here to enter text. | | |
|  | | | | |
| **Contact Person** | | | | |
| First Name: | Click here to enter text. | | Last Name: | Click here to enter text. |
| Job Title: | Click here to enter text. | | | |
| Work phone: | Click here to enter text. | | Mobile: | Click here to enter text. |
| Email: | Click here to enter text. | | | |
| **Alternative Contact Person** | | | | |
| First Name: | Click here to enter text. | | Last Name: | Click here to enter text. |
| Job Title: | Click here to enter text. | | | |
| Work phone: | Click here to enter text. | | Mobile: | Click here to enter text. |
| Email: | Click here to enter text. | | | |

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| **Part 2: cyber security incident details** | | | | | |
| **your system details** | | | | | |
| Government System classification, if any: | | | | | Click here to enter text. |
| Information/Security Services Outsourced? | | No | Yes (if so, please name company): Click here to enter text. | | |
| Gateway Outsourced? | | No | Yes (if so, please name provider): Click here to enter text. | | |
| Public-facing IP Address Range: | | | | Click here to enter text. | |
| **Incident Description** | | | | | |
| Please provide a brief summary of the incident, including whether any attack was successful and resulted in any compromise or disruption of services. Please also identify any sensitivities in relation to the information or people affected by the incident. | | | | | |
|  | | | | | |
| Date Identified: | Click here to enter text. | | | | |
| Time Identified: | Click here to enter text. | | | | |
| **Incident Status** | | | | | |
| Resolved Unresolved | | | | | |

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| **PART 3: SUBMISSION OF request FOR assistance** | |
| * This form must be submitted to NCSC by a person authorised by your organisation to do so. (NCSC may request separate written confirmation of this authority.) * A NCSC representative may contact one of your identified contact persons to discuss this incident. You should ensure that those contact persons are properly authorised within your organisation to discuss the incident with an NCSC representative. * NCSC may use the information you have provided for statistical or other analytical processes. The information and any analysis derived from it, and the name of your organisation, may be shared with other entities for cyber security purposes. However, any information you provide about identifiable individuals will not be shared without your prior approval. | |
| Signature of authorised person: |  |
| Date: Click here to enter text. |  |
| Name: Click here to enter text. |  |
| Job Title: Click here to enter text. |  |