NATIONAL CSIRT-CY

# NATIONAL CSIRT- CY
# INCIDENT REPORTING FORM

Forms with empty or fake required fields will be discarded without any notice.

| General Information | |
|---|---|
| **Your Name: *** | |
| | |
| **Contact Number: *** | |
| | |
| **Organization Name: *** | |
| | |
| **Incident Description: *** | |

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| Advanced Incident Details | | | |
|---|---|---|---|
| **Type of the Attack:** | ☐ Virus<br>☐ Trojan<br>☐ Botnet<br>☐ Dos / DDos<br>☐ Malware<br>☐ Port Scan | ☐ Spam<br>☐ Phishing<br>☐ Bounce<br>☐ Pharming<br>☐ Probe<br>☐ Crack | ☐ Copyright<br>☐ Unknown<br>☐ Other<br>☐ -------------- |
| | | | |
| **Affected System** | IP Address: | | |
| | DNS: | | |
| | Operating System: | | |
| | | | |
| **Source of the Attack:** | IP Address: | | |
| | DNS: | | |
| | | | |
| **Detailed Description:** | | | |

* Required Fields