

Personally Identifiable Information (PII) Breach Report

[For use of this form see USAR Reg 25-5; the proponent agency is DCS, G-1.]

1a. Date of Breach: _____

1b. Breach Discovery Date: _____

2a. US-CERT Number: _____

2b. Date Reported to US-CERT: _____

3a. Is this the initial report to the Defense Privacy Office? Yes No

3b. If no, what were the dates of the previous reports? (Note: Make report updates in RED text.)

4. DOD component and organization involved:

Component name	
Organization	
POC Title/Organization	
Telephone	
Alternate number	
E-mail	

5. Person to contact for further information regarding this report:

Name	
Address	
Title/Organization	
Telephone	
Alternate number	
E-mail	

6. Total number of individuals affected by the breach: _____ Unknown

a. Breakout number by category:

Government Civilians		Government Contractors	
Military Reserve		Military Dependent	
Military Active		Military Retired	
Other/Unknown (specify)			

b. Special considerations of notable persons affected: N/A

	(Number)		(Number)
General Officers		Members of the Senate	
Senior Executive Service Officers		State/Local Officials	
Members of Congress		Family members thereof	

7. Did this incident involve any of the following:

(Select all that apply.)

Paper Records

Info-Sharing

Equipment

Record Disposal

E-mail

Other (specify) _____

Personally Identifiable Information (PII) Breach Report (Continued)

a. If the incident involved equipment, what was lost, stolen or breached?

How many pieces of equipment were involved in the incident?

(Select all that apply.)

<u>Type of Equipment</u>	<u>How Many</u>	<u>Type of Equipment</u>	<u>How Many</u>
<input type="checkbox"/> CPU	_____	<input type="checkbox"/> External Hard drive	_____
<input type="checkbox"/> Laptop	_____	<input type="checkbox"/> IPOD	_____
<input type="checkbox"/> Blackberry	_____	<input type="checkbox"/> Cell Phone	_____
<input type="checkbox"/> Data Stick	_____	<input type="checkbox"/> Network Intrusion	_____
<input type="checkbox"/> Flash drive	_____	<input type="checkbox"/> Other (specify) _____	_____

b. Type of equipment and how was the equipment protected? (Select all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> Personally Owned | <input type="checkbox"/> Password Protected |
| <input type="checkbox"/> (Data at Rest) Encryption Software Installed | <input type="checkbox"/> PKI/CAC Enabled |
| <input type="checkbox"/> Contractor Owned | <input type="checkbox"/> Not protected |
| <input type="checkbox"/> Government Owned | <input type="checkbox"/> Other (specify) _____ |

c. If the incident involved e-mail complete the following:

(Select all that apply.)

	<u>Yes</u>	<u>No</u>
E-mail was encrypted	<input type="checkbox"/>	<input type="checkbox"/>
E-mail sent outside of DOD (e.g., to public, other Federal agency, non-Federal agency)	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

d. Type of PII involved in the incident:

(Select all that apply.)

- | | |
|--|---|
| <input type="checkbox"/> Social Security Numbers (SSN) | <input type="checkbox"/> DOB |
| <input type="checkbox"/> Names | <input type="checkbox"/> PHI (Personal Health Information) |
| <input type="checkbox"/> Personal home addresses | <input type="checkbox"/> Financial information containing PII |
| <input type="checkbox"/> Personal phone numbers | <input type="checkbox"/> Passwords |
| <input type="checkbox"/> Personal e-mail address | <input type="checkbox"/> Other (specify) _____ |

8. Description of breach (150 words or less). Bulleted format is acceptable. (If needed, attach a blank sheet.)

9. Describe actions taken in response to the breach (150 words or less). Bulleted format is acceptable.

(If needed, attach a blank sheet.)

Personally Identifiable Information (PII) Breach Report (Continued)

10. Potential impact of the breach.

(Choose one: LOW, MODERATE, or HIGH)

- a. LOW:** The potential impact is LOW if the loss of confidentiality, integrity, or availability could be expected to have a limited adverse effect on organizational operations, organizational assets, or individuals.
- b. MODERATE:** The potential impact is MODERATE if the loss of confidentiality, integrity, or availability could be expected to have a serious adverse effect on organizational operations, organizational assets, or individuals.
- c. HIGH:** The potential impact is HIGH if the loss of confidentiality, integrity, or availability could be expected to have a severe or catastrophic adverse effect on organizational operations, organizational assets, or individuals.

11. Associated System of Record Notice(s): N/A *Submission suspended until further notice.*

12. Person submitting this report if different than #4 and #5 is:

Name	
Address	
Title/Organization	
Telephone	
E-mail	