

## Incident reporting form

### Note

This form intends to only to report incidents, defined as violation or attempt to violate confidentiality, integrity and/or availability of an asset; security standards practice information security policies and particularly acceptable use policy of POST Luxembourg constituency.

Once completed, please send the fulfilled report by email to : <cybersos(at)post.lu>

### Personal information

First Name	
Last Name	
Company	
Email address	
Phone	
Address	
Country	

### Event details

Date and time of observation:	
Please list concerned services:	
Please list domains and IPs concerned: _____	
Current status of the event:	Ongoing <input type="checkbox"/> Stopped <input type="checkbox"/>
Observation type : Logs <input type="checkbox"/> Information <input type="checkbox"/> Alert <input type="checkbox"/> Other <input type="checkbox"/>	
Please precise other observation type : _____	

### Describe event observed (please provide as much details as possible)

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