

Please send the completed form to
cert@traficom.fi

Details of the telecommunications operator	Name of the telecommunications operator	
	Name of the person providing further information about the case	
	Telephone	E-mail
	Name of the telecommunications operator's data protection officer	
	Telephone	E-mail
Description of the incident	<p>Impact on personal data</p> <p>Has the breach concerned personal data?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, please describe the nature and content of the data and indicate whether the incident concerns users in other EU countries in addition to Finland</p>	
	<p>Time and date of the incident</p> <p>Occurred</p> <hr/> <p>Detected</p>	
<p>Incident type</p> <p><input type="checkbox"/> Denial-of-Service attack <input type="checkbox"/> Spamming <input type="checkbox"/> Botnet</p> <p><input type="checkbox"/> Malware <input type="checkbox"/> Data break-in or unauthorised use <input type="checkbox"/> Traffic rerouting or spoofing</p> <p><input type="checkbox"/> Customer data management error <input type="checkbox"/> Other, please specify:</p>		

M66e_lite2 - 9/2019

Description of the incident	Description of the affected system and the measures taken Description of the system affected by the incident
	Detections of the progress of the incident
	Details of the cause of the incident
	The measures that have already been taken or will be taken in order to remove or mitigate the effects
	Description of the involvement of other eventual service providers in the incident
	User impact, if any Description of eventual effects caused to users
	Number of the users affected by the incident
	Have the users been informed about the incident? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, description of the content of the notification, the used communication methods used and the number of the users that have received the notification:
	Other notifications to authorities, if any Has the incident been reported to the police? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, report number and the name of the police officer in charge of the case
	Have authorities in other EU member states been informed about the case? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, which authorities?
Other information Other relevant information, if any	