BREACH OF PERSONALLY IDENTIFIABLE INFORMATION (PII) REPORT									
			UPDATED REPORT Date: (MM/DD/YYYY)			R ACTION RT	Date: (MM/DD/YYYY)		
1. GENERAL INFORMATION			•						
a. DATE OF BREACH (MM/DD/YYYY)	b. DATE BREACH DISCOVERED (MM/DD/YYYY)			c. DATE REPORTED TO US-CERT (MM/DD/YYYY)			d. US-CERT NUMBER		
e. COMPONENT INTERNAL TRACKING NUMBER (If applicable)	f. BREACH INVOLVED (Click to select)			g. TYPE OF BREACH (Click to select)			h. CAUSE OF BREACH (Click to select)		
i. COMPONENT (Click to select)				j. OFFICE NAME					
POINT OF CONTACT FOR FURTHER									
k. FIRST NAME	I. LAST NAME			m. RANK/GRADE AND	TITLE				
n. DUTY E-MAIL ADDRESS				o. DUTY TE			LEPHONE NUMBER		
MAILING ADDRESS:									
p. ADDRESS				q. CITY					
				r. STATE			s. ZIP CODE		
2.b. ACTIONS TAKEN IN RESPONSE	TO BREACH	I, TO I	INCLUDE ACTIONS	TAKEN TO PREVENT RE	ECURRI	ENCE A	AND LESSO	NS LEARNED	
(Up to 150 words, bullet format acc	eptadie). NO I		5 NOT include Pil or	Classified Information.					

3.a. NUMBER OF INDIVIDUALS AFFECTED		b. WERE AFFECTED INDIVIDUALS NOTIFIED?				(1) If Yes, were they notified within 10 working						
(1) Contractors			Yes	No			days?	Yes	No			
(2) DoD Civilian Personne	el		(2) If Yes,	notification d	late (M	IM/DD/YYYY)	(3) If Yes, nu	mber of in	dividuals notifie	ed:		
(3) Military Active Duty Pe	ersonnel		Í									
(4) Military Family Membe	ərs		(4) If notifi	cation will no	t be m	ade, explain why, or if n	umber of indiv	iduals noti	ified differs fron	n total number		
(5) Military Reservists	F			viduals affecte								
(6) Military Retirees	F		Í									
(7) National Guard	F		ĺ									
(8) Other (Specify):	F		ĺ									
	L		(5) If appli	cable, was cr	redit m	onitoring offered?	(6) If Yes, nu	mber of in	dividuals offere	d credit		
			Yes	No		-	monitoring	J.				
4. PERSONALLY IDENTIF	IABLE INF	ORMATION (P	III) INVOLV	ED IN THIS	BREA	CH (X all types that apply)						
(1) Names		(7) Passwo	ords		*lf	*If Financial Information was selected, provide additional detail:						
(2) Social Security Numbe	rs	(8) Financ	cial Informatio	on*		(a) Personal financial information						
(3) Dates of Birth	ates of Birth (9) Other] (b) Government credit ca	ernment credit card If yes, was issuing bank notified?					
(4) Protected Health Inform	nation (PHI)		(c) Other (<i>Specify</i>):				Yes No					
(5) Personal e-mail addres												
(6) Personal home address												
5. SELECT ALL THE FOL				EVCH								
a. PAPER DOCUMEN] b. EQUIPMENT (If sele	acted provide a	Aditional def	t∽il)			
(1) Paper documents faxe						(1) Location of equipmer			.an)			
(2) Paper documents/reco			·			(1) Eocation of equipment (2) Equipment disposed						
(3) Paper documents/reco		d of improperly		(2) Equipment disposed (3) Equipment owner								
(4) Unauthorized disclosure of paper documents/records							ent Data At Rest (DAR) encrypted					
(5) Other (Specify):				(5) Government equipment pa				t password or PKI/CAC protected				
						(6) Personal equipment	password protect	ted or comr	mercially encrypte	ed		
c. IF EQUIPMENT, NUMBI				Γ	(7)	Flash drive/USB stick/othe		I				
(1) Laptop/Tablet	otop/Tablet (4) MP3 player					(If Other, Specify):						
(2) Cell phone		(5) Printer/Copi	ier/Fax/Scan	iner	(8)	External hard drive		I				
(3) Personal Digital Assistant		(6) Desktop cor	mputer		(9)	Other		I				
d. EMAIL (If selected, pro	ovide additior	nal detail)				e. INFO DISSEMINAT	TION (If selected	d, provide a	dditional detail)			
(1) Email encrypted						(1) Information was posted to the Internet						
(2) Email was sent to commercial account (i.e., .com or .net)				_) Information was posted to an intranet (e.g., SharePoint or Portal)						
(3) Email was sent to other Federal agency					_		rmation was accessible to others without need-to-know on a share drive					
(4) Email recipients had a need to know					_	()	ecipients had a need to know					
f. OTHER (Specify):					(0) 100 piono nad a							
6.a. TYPE OF INQUIRY (If applicable) (Click to select) (If the			Other, specify)				Compor	T DETERMINA				
									y) (X one) Medium	High		
c. ADDITIONAL NOTES (U	In to 150 wor	rds_bullet format ;			ד inc	lude PII or Classified I	nformation.					
C. ADDITIONAL NOTICE (C	p 10 700 me.	us, buildt format a	10000100/		J 1 1	luue i ii ei eiaseine						

INSTRUCTIONS FOR COMPLETING DD FORM 2959, BREACH OF PERSONALLY IDENTIFIABLE INFORMATION (PII) REPORT

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Select Initial, Updated, or After Action Report and enter the date.	b. ACTIONS TAKEN IN RESPONSE TO BREACH, TO INCLUDE ACTIONS TAKEN TO PREVENT RECURRENCE AND LESSONS LEARNED (Up to
1. GENERAL INFORMATION.	150 words, bullet format acceptable). Note: Do not include PII or classified
a. Date of Breach. Enter the date the breach occurred. If the	information. Summarize steps taken to mitigate actual or potential harm to
specific date cannot be determined, enter an estimated date and	the individuals affected and the organization. For example, training,
provide further explanation in the notes section of the report.	disciplinary action, policy development or modification, information systems
b. Date Breach Discovered. Enter the date the breach was initially	modifications. List any findings resulting from the investigation of the breach.
discovered by a DoD employee, military member, or DoD contractor.	3.a. NUMBER OF INDIVIDUALS AFFECTED. For each category of
	individuals listed, enter the number of individuals affected by the breach.
c. Date reported to US-CERT. Breaches must be reported to	Do not include an individual in more than one category.
US-CERT within 1 hour of discovery. Enter the date reported to	
US-CERT.	b. Were affected individuals notified? Check box "Yes" or "No". If the individuals affected will not receive a formal notification letter about the breach,
d. US-CERT Number. Enter the number assigned by US-CERT	select "No" and enter an explanation of why the Component determined
when the breach was reported.	notification was not necessary in 3.b.(4). If additional space is needed for this
	justification, continue text in 6.c., Additional Notes.
e. Component Internal Tracking Number (if applicable). If your	(1) If affected individuals were notified, were they notified within 10 working
component uses an internal tracking number, enter the number	days? Check "Yes" or "No".(2) If the affected individuals will be notified of the breach, provide the date the
assigned.	(2) If the affected individuals will be notified of the breach, provide the date the notification letters will be sent.
f. Breach Involved (click to select). Select from the drop-down list -	(3) - (4) If "Yes", list the number of individuals notified. If the number of
Email, Info Dissemination, Paper Records, or Equipment.	individuals notified differs from total number of individuals affected, explain why
	in 3.b.(4).
g. Type of Breach (click to select). Select from the drop-down list -	(5) Was credit monitoring offered? Select "Yes" or "No".
Theft, Loss, or Compromise.	Note: This is a risk of harm based decision to be made by the DoD Component. (6) If "Yes", enter the number of individuals offered credit monitoring.
h. Cause of Breach (click to select). Select from the drop-down list	
the predominate cause of the breach - Theft, Failure to Follow Policy,	4. PERSONALLY IDENTIFIABLE INFORMATION (PII) INVOLVED IN
Computer Hacking, Social Engineering, Equipment Malfunction,	THIS BREACH. Select all that apply. If Financial Information is selected,
Failure to Safeguard Government Equipment or Information,	provide additional details.
Improper Security Settings, or Other.	5. SELECT ALL THE FOLLOWING THAT APPLY TO THIS BREACH.
i j. Component. Select from the drop-down list. After you select	Check at least one box from the options given. If you need to use the "Other"
your Component, enter the Office/Name in block 1.j (i.e., if "OSD/JS"	option, you must specify other equipment involved.
is the Component selected, an example of the Office would be	
"TMA").	a. Paper Documents/Records. If you choose Paper Documents/Records,
k s. Point of Contact for Further Information. Enter the requested	answer each associated question by selecting from the drop-down options.
information for the person to be contacted if DPCLO requires	b c. Equipment. If you choose Equipment, answer the associated
additional details regarding the breach.	questions by selecting from the drop-down options. Enter a number in the
	empty field indicating how many pieces of each type of equipment were
2.a. DESCRIPTION OF BREACH (Up to 150 words, bullet format acceptable). Note: Do not include PII or classified information.	involved in the breach. If "Other", you will need to specify what type of equipment was involved.
Summarize the facts or circumstances of the theft, loss or	equipment was involved.
compromise of PII as currently known, including:	d e. Email and Info Dissemination. If Email or Info Dissemination is
 the description of the parties involved in the breach; 	selected, choose either "Yes" or "No" for all of the questions.
- the physical or electronic storage location of the data at risk;	
 if steps were immediately taken to contain the breach; whether the breach is an isolated incident or a systemic problem; 	6.a. TYPE OF INQUIRY. Select the type of inquiry conducted as a result of the breach. If the inquiry type is "Other", please describe.
- who conducted the investigation of the breach; and	
- any other pertinent information.	b. Impact Determination. (Component Privacy Official or designee use only.)
	Select one: What is the overall risk level associated with this breach?
	Risk is determined by considering the likelihood that the PII can be accessed by an unauthorized person and assessing the impact to the organization and
	individual if the PII is misused.
	c. Additional Notes. This field can be used to convey additional information.