
Incident Report

Visa Incident Report Page 1

Legal Entity Name:

DBA Entity Name:

Type of Entity: (E.g. Member FI, Merchant, Agent, Service Provider, Resellers etc.)

Services, Solutions, or Product Provided by Entity:

Entity Address:

City:

State / Province:

Postal / Zip code:

Country:

Primary Contact Name:

Phone:

Email:

All Information Below to be Completed By Entity / Incident Response Team

Detailed Description of the Incident (what how who when and where): *Note: If the incident involves multiple locations / entities provide a list of the names, address, Merchant Banks, and Processors of the merchants / entities impacted:*

List Window(s) of Intrusion and / or Exposure:

List Data Elements Exposed (e.g. Account Number, Expiration Date, Cardholder Name, CVV, CVV2, Address, Email, Etc.)

If Account Data List Number of Visa Accounts Impacted:

Detail all actions taken to investigate the suspected or confirmed incident (what how who when and where), including timeframes:

Have you enlisted the expertise of a third party in this matter? Yes No

If yes, please list and describe their role:

What type of remote access solution is used?

Is two-factor authentication in use for remote access? Yes No

Has the entity received complaints regarding fraudulent transactions from their customers? Yes No

If yes, please describe:

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Has the entity been contacted by law enforcement? Yes No
 If yes, list date(s) and by which law enforcement agency and why: (e.g. suspected Compromise Event of entity, fraudulent complaints from entities customers, etc.)

Has the entity contacted law enforcement regarding the incident? Yes No
 If yes, list date(s) and which law enforcement agency:

Has the Compromise Event been contained? Yes No
 If yes, how and when?

If Merchant Please Include Details Below:

Merchant ID:	MCC:	PCI DSS Level:	Annual Transactions Volume:	Corporate or Franchisee:	# of Locations:
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PCI Compliant Yes No Last PCI DSS Validation Date:

BIN(s): (List all that are applicable):

List processor(s): Provide Processor contact information:

Is the Point of Sale (POS) device EMV enabled? Yes No

Is the POS solution enabled with end to end encryption? Yes No

Is the ecommerce website hosted? Yes No
 If yes, please provide name and contact information:

Identify responsible party(s) for the configuration and support of the Point of Sale (POS) solution (e.g. Qualified Integrator, Reseller, or Agent).	NAME	TITLE	CONTACT
<i>(If entity is an Integrator or Reseller, please attach a list all Acquirer BINs and all Merchant Names, Merchant Card Acceptor IDs, City and State.)</i>			

Report Completed By:

Name	Title	Role
Email	Phone	Date Completed