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TRIAGE TIMELINE

DATE/TIME	ACTION	OWNER	SEVERITY	EVIDENCE ID	STATUS

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EXECUTION / CERTIFICATION

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By signing below, the signer certifies that the information provided in this record is complete and accurate to the best of the signer's knowledge, and that the signer has authority to execute this record in the stated capacity.

REPORTER

Signature	Printed Name	Title / Capacity	Date

Electronic signature / audit trail ID (if any): _____

PCCX SECURITY REVIEWER

Signature	Printed Name	Title / Capacity	Date

Electronic signature / audit trail ID (if any): _____

SECURITY REPORT INTAKE - INSTRUCTIONS AND REVERSE SIDE

1. Use this form to log incoming security reports and route them to security@pccx.ai.
2. Assign severity based on business risk and reproducibility.
3. Do not request or store unnecessary personal data, secrets, credentials, private keys, or customer data.
4. Attach sanitized evidence and record any secure communication channel separately.

REQUIRED OR RECOMMENDED ATTACHMENTS

NO.	ATTACHMENT	REQUIRED	STORAGE / EXHIBIT ID
1	Sanitized proof-of-concept	<input type="checkbox"/> Required <input type="checkbox"/> Optional	
2	Affected URL or commit	<input type="checkbox"/> Required <input type="checkbox"/> Optional	
3	Dependency advisory	<input type="checkbox"/> Required <input type="checkbox"/> Optional	
4	Triage notes	<input type="checkbox"/> Required <input type="checkbox"/> Optional	

EXECUTION / CERTIFICATION

PREPARER			
Signature	Printed Name	Title / Capacity	Date
Electronic signature / audit trail ID (if any): _____			
REVIEWER			
Signature	Printed Name	Title / Capacity	Date
Electronic signature / audit trail ID (if any): _____			