**MAPP Detection Guidance Feedback Form**

Please provide the following information and send this form to mapp@microsoft.com.

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| --- | --- |
| **Company** |  |
| **Release Month**(e.g. August 2016) |  |
| **CVE Number**(CVE-XXXX-XXXX) |  |
| **Requirement for creating signature?**(Required/Optional) |  |
| **Product Capability?** (Host/Network) |  |
| **What is the issue?** |  |
| **How can we improve the detection guidance?** |  |
| **Additional Comments** |  |