

PRIVACY BREACH REPORTING FORM

Please fill out this form in full immediately after you have determined a privacy breach has occurred.

YOUR OFFICE/DEPARTMENT: _____

DATE OF BREACH: _____

DESCRIPTION OF PERSONAL INFORMATION INVOLVED IN THE BREACH

Please provide as much detail as possible as to what types of personal information were disclosed.

NATURE OF THE BREACH

Please describe whether the breach was paper or electronic in nature and how it occurred.

NUMBER OF PEOPLE AFFECTED BY THE BREACH

If you are unsure as to the exact amount of people affected, please provide an estimate.

INITIAL STEPS TAKEN TO CONTAIN THE BREACH

Please describe any action already taken in your office/department (if any) to contain the breach.

HAS NOTIFICATION BEEN GIVEN TO THE AFFECTED INDIVIDUAL(S) BY PHONE OR IN WRITING?

YES NO

If YES: Please provide details and/or attach copies of written notification and send along with this form.

If NO: Please await instruction from the Privacy Officer before proceeding with any notification.

YOUR NAME, TITLE AND BUSINESS CONTACT INFORMATION

PLEASE SEND THIS COMPLETED FORM TO:

Manager, Privacy & Access to Information
607 Pigiaryvik, 1125 Colonel By Drive Ottawa,
ON Canada K1S 5B6
Tel: 1 613 520 2600 ext. 2047
Fax: 1 613 520-3731
E-mail: university_privacy_office@carleton.ca