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.

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

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____________________________________________________________________

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.

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____________________________________________________________________

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 Robertson Hall, 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