

**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**

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**PLEASE SEND THIS COMPLETED FORM TO:**

Manager, Privacy & Access to Information  
607 Pigiarvik,  
1125 Colonel By Drive  
Ottawa, ON Canada K1S 5B6  
Tel: 1 613 520 2600 ext. 2047  
Fax: 1 613 520-3731  
E-mail: [privacy\\_office@carleton.ca](mailto:privacy_office@carleton.ca)