

Data Breach Incident Form

Revision History

Version	Revision Date	Revised by	Section Revised
1.0	15-SEP-2020	Rob Shelvey	Initial Draft

Document Control

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Data Breach Incident Form (Template)

DPO/COMPLIANCE OFFICER/INVESTIGATOR DETAILS:			
NAME:		POSITION:	
DATE:		TIME:	
DDI:		EMAIL:	
INCIDENT INFORMATION:			
DATE/TIME OR PERIOD OF BREACH:			
DESCRIPTION & NATURE OF BREACH:			
TYPE OF BREACH:			
CATEGORIES OF DATA SUBJECTS AFFECTED:			
CATEGORIES OF PERSONAL DATA RECORDS CONCERNED:			
NO OF DATA SUBJECTS AFFECTED:		NO OF RECORDS INVOLVED:	
IMMEDIATE ACTION TAKEN TO CONTAIN/MITIGATE BREACH:			
STAFF INVOLVED IN BREACH:			
PROCEDURES INVOLVED IN BREACH:			
THIRD PARTIES INVOLVED IN BREACH:			
BREACH NOTIFICATIONS:			

WAS THE SUPERVISORY AUTHORITY NOTIFIED?	YES/NO	
IF YES, WAS THIS WITHIN 72 HOURS?	YES/NO/NA	
<i>If no to the above, provide reason(s) for delay</i>		
IF APPLICABLE, WAS THE BELOW INFORMATION PROVIDED?	YES	NO
<i>A description of the nature of the personal data breach</i>		
<i>The categories and approximate number of data subjects affected</i>		
<i>The categories and approximate number of personal data records concerned</i>		
<i>The name and contact details of the Compliance Officer and/or any other relevant point of contact (for obtaining further information)</i>		
<i>A description of the likely consequences of the personal data breach</i>		
<i>A description of the measures taken or proposed to be taken to address the personal data breach (including measures to mitigate its possible adverse effects)</i>		
WAS NOTIFICATION PROVIDED TO DATA SUBJECT?	YES/NO	
INVESTIGATION INFORMATION & OUTCOME ACTIONS:		
DETAILS OF INCIDENT INVESTIGATION:		
PROCEDURE/S REVISED DUE TO BREACH:		
STAFF TRAINING PROVIDED: (if applicable)		
DETAILS OF ACTIONS TAKEN AND INVESTIGATION OUTCOMES:		

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HAVE THE MITIGATING ACTIONS PREVENTED THE BREACH FROM OCCURRING AGAIN? (Describe)

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WERE APPROPRIATE TECHNICAL PROTECTION MEASURES IN PLACE?	YES/NO
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If yes to the above, describe measures

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Investigator Signature: _____

Date: _____

Investigator Name: _____

Authorised by: _____