



Data Breach Notification Form

Please complete this form in the event of a data breach or data security incident:

To be completed by employee	
Date of incident	
Date incident was discovered	
Name of the individual reporting incident	
Contact details of person reporting incident	
Where the incident occurred	
Description of the incident	
Number of data subjects affected by the incident	
Personal data placed as risk by incident	
Description of any actions taken at the point of	
discovery	

To be completed by Information Officer/ Data Protection Officer	
Name of individual receiving report	
Date report received	
Name of individual the report was forwarded to	
for action	
Date the report was forwarded to for action	