PRIVACY BREACH INCIDENT REPORT

This form is to be completed by the First Responder. For more information on privacy breaches, review the *Procedure for Responding to a Privacy Breach* document found on the website HERE.

Instructions: All privacy breaches, regardless of scale, shall be submitted to the FOIP office using this form. You will receive further instructions from a FOIP advisor which may include direction to report the privacy breach to professional or regulatory bodies.

CONTACT INFORMATION OF FIRST RESPONDER			
Name of First Responder			
Department/Faculty			
Email		**Phone Number**	

DETAILS OF INCIDENT			
Location of Incident			
Date of Incident		**Date of Discovery**	
Description of Incident *(attach separate sheet if more space is required)*			
Cause (if known)			

Type of Personal Information Involved *(e.g. name, email, address, UCID, financial, medical, research data)*

Format in Which Information was Recorded *(e.g. paper records, electronic database)*

Estimated Number of Individuals Affected, by Type

Student(s)		
Customer(s)		
Patient(s)		
Employee(s)		
Other (please specify)		

DESCRIPTION OF ACTION TAKEN TO CONTAIN BREACH

Please submit the completed form to the FOIP Coordinator:
Email to foip@ucalgary.ca
OR
Fax to (403) 210-9635

FOR OFFICE USE ONLY			
Date Received		File No.	