



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 <i>(attach separate sheet if more space is required)</i>			
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**

The personal information requested on this form is collected under the authority of Section 33(c) of the Alberta *Freedom of Information and Protection of Privacy Act* and will be protected under Part 2 of that Act. It will be used for the purpose of investigating and reporting the breach. If you have questions, please contact the University's FOIP Coordinator at Administration Building, room ADM 111, 2500 University Drive NW, Calgary, AB T2N 1N4 or foip@ucalgary.ca.

FOR OFFICE USE ONLY			
Date Received		File No.	