**DesignateD Privacy Officer  
Breach Reporting Form**

## **DELETE ALL HIGHLIGHTED INSTRUCTIONS FROM THE FINAL DOCUMENT**

[FOR ASSISTANCE COMPLETING THIS FORM, PLEASE SEE THE PRIVACY OFFICER TOOLKIT ON BREACH REPORTING]

**PB-XXX-20XX-XX**

# Accountability

|  |  |
| --- | --- |
| Name of Public Body: | [Statutory Body/Non Statutory Body] |
| Investigated by: | [Name of Designated Privacy Officer] |
| Email/Contact: |  |
| Date of Initial Investigation: | [Y/M/D] |
| Date breach was discovered: | [Y/M/D] |
| Location of Investigation: |  |

# Containment of Information

## Has there been a breach involving “personal information”?

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## List the immediate containment actions.

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# Risk of harm analysis

## What is the cause and extent of the breach?

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## How many individuals are affected?

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## What is the sensitivity of the information and what type(s) of harm could occur?

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| Refer to Appendix A and the Personal Information Classification Guidance to classify the sensitivity of personal information.  Highly Sensitive:  Low or Moderately sensitive: |

## Determine the harm to affected individuals

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| Risk of identity theft or fraud:  Risk of physical harm:  Risk of hurt, humiliation, and damage to reputation:  Loss of business or employment opportunities: |

## Determine the harm to the organisation

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## Is there a risk of significant harm?

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**Note: If you determine there is a risk of significant harm, you must notify the affected individuals as well as the Office of the Information and Privacy Commissioner.**

# Notification

## Internal Notifications

Identify the individual(s) notified and the date of notification.

|  |  |
| --- | --- |
| Position | Name of Individual and date of notification |
| Head |  |
| Access and Privacy Officer (ATIPP Office) |  |
| Information and Privacy Commissioner |  |
| Legal Services |  |
| RCMP |  |

# Will affected individuals be notified? If not, why not?

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# Prevention

## Describe the physical security safeguards in place.

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## Describe the technical security safeguards in place.

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## Describe the administrative security safeguards in place.

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## What internal improvements to processes, systems, policies, and any other actions to mitigate recurrence are recommended? What is the timeline for implementation?

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| --- |
| Recommendation #1:  Timeline for Implementation:  Recommendation #2:  Timeline for Implementation:  Recommendation #3:  Timeline for Implementation: |

# SUBMISSION

**Upon completion of report, print and disseminate recommendations to all required parties.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | |  |  | |
| **Designated Privacy Officer Signature** | |  | **Date** | |
|  | | | | |
| Forward a copy to: | Head of Public Body  HPW – Director, Corporate Information Management  Office of Information and Privacy Commissioner | | | Yes No  Yes No  Yes No |

**APPENDICES:**

List supporting documentation as appendices to the breach report.

|  |  |
| --- | --- |
| Appendix | Name of Document |
| [1] | [Privacy Breach Report Form for Employees] |
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