

Attached Form

Notification Sheet of personal information harm incident		
Name of the firm _____	Reporting time: mm/dd/yy hr:mi	
Agency of Reporting _____	Informant:	Signature (chop)
	Occupation:	
	Telephone No.:	
	E-mail:	
	Address:	
Time of occurrence		
Type of incident	<input type="checkbox"/> stolen <input type="checkbox"/> disclosed <input type="checkbox"/> altered <input type="checkbox"/> damaged <input type="checkbox"/> destroyed <input type="checkbox"/> other	Total number of personal information being harmed _____
		<input type="checkbox"/> Number of General personal information _____ <input type="checkbox"/> Number of Special personal information _____
Cause and summary		
Damage status		
Possible outcomes of incident		
Countermeasures may be taken		
Time and method of notifying the information owner		
Reporting the incident within 72 hours	<input type="checkbox"/> Yes <input type="checkbox"/> No, the reason is:_____	