

Attachment

Personal Data Infringement Incident Notification and Record Form		
Name of non-government agency  _____  Notification agency	Time of notification: at hh/mm on MM/DD/YYYY	
	Person of notification:Signature (seal)	
	Title:	
	Telephone:	
	E-mail:	
Address:		
Time of occurrence		
Type of incident	<input type="checkbox"/> Stolen <input type="checkbox"/> Disclosure <input type="checkbox"/> Altered <input type="checkbox"/> Damaged <input type="checkbox"/> Destruction <input type="checkbox"/> Other	The total number of personal data infringed (approximately)
		<input type="checkbox"/> Number of general personal data ____ <input type="checkbox"/> Number of special personal data ____
Cause and summary of incident		
Damage condition		
Possible consequences of personal data infringement		
Responding measure to be adopted		
When and how to notify the personal data owner		
Notified within 72 hours following the discovery of personal data infringement	<input type="checkbox"/> Yes <input type="checkbox"/> No. Reason:	