

Attached Form :

Human Resources Recruitment Industry Notification Record Form

Procedure of notification (To be filled up by Human Resources Recruitment Industry)	Name of Human Resources Recruitment Industry _____ Notified Person _____	Notification date: YY MM DD HR MIN Company' s Seal (stamp) Informant: Job title: Telephone: Email : Address:	
	Time of Incident		
	Type of Incident	<input type="checkbox"/> Theft <input type="checkbox"/> Disclosure <input type="checkbox"/> Alteration <input type="checkbox"/> Damage <input type="checkbox"/> Loss <input type="checkbox"/> Other violations	Total number of personal information violations _____
			<input type="checkbox"/> General Personal Information_____ <input type="checkbox"/> Special Personal Information_____
	Summary of causes and facts		
	Damage status		
	Possible consequences of the incident		
	Measures to be taken		
	Whether to notify the person involved	<input type="checkbox"/> Yes, Time_____, Mode_____ <input type="checkbox"/> No, Cause_____	
	Has the relevant authority been notified within 72 hours after the incident occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> 否 No, Reason_____	
(To be filled out by the local municipality,	Whether it is a major social case that seriously affects the rights and interests of the people; if yes,	<input type="checkbox"/> Yes, Impact level : _____ <input type="checkbox"/> No	

county (city) government in accordance with subsequent administrative measures and disposal operations)	what is the level of impact	
	Whether to arrange for administrative inspection	<input type="checkbox"/> Yes, Time_____
		<input type="checkbox"/> No, Reason_____
	Judging whether it violates the Personal Data Protection Act	<input type="checkbox"/> Yes <input type="checkbox"/> No, Reason_____
	Follow-up measures of the incident	
	Closed Case Time	