

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	