**Privacy Breach Incident Report**

This form is to be completed by the First Responder.

### Contact Information

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| --- | --- | --- |
| Name of First Responder | | Department/Faculty |
| Phone | Email | |

### Details of Incident

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| --- |
| Location, date of incident and discovery |
| Description of incident |
| Cause (if known) |
| Estimated number of individuals affected |
| Type of individuals affected (e.g. employee, student, patient) |
| Type of personal information involved |
| Description of action taken to contain breach |

**Please submit the completed form to the FOIP Coordinator by email to** [**foip@ucalgary.ca**](mailto:foip@ucalgary.ca)**, OR by fax to (403) 210-9635.**

|  |  |
| --- | --- |
| *FOR OFFICE USE ONLY* | |
| Date Received | File No. |

This information is collected under the authority of the FOIP Act. It is required to respond to the incident. If you have any questions about the collection or use of this information, please contact the FOIP Coordinator.