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| This form is for CIEE employees to report a data breach incident to the Data Protection Officer.  A data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorized disclosure of, or access to, personal data.  Incidents that require reporting:   * Loss or theft of equipment (laptops, mobile devices, tablets) * Loss or theft of printed materials that contain personal data * Unauthorized access to equipment, software/applications or printed materials that contain personal data * Sending/Sharing personal data with an incorrect participant.   **Instructions for Reporting Employee:**   1. *As* ***soon*** *as you* ***suspect*** a data breach incident has occurred, **immediately** complete Part 1 of this form with your direct line manager and email it to [dpo@ciee.org](mailto:dpo@ciee.org). 2. *Encrypt the email by including* ***[encrypt****] in the subject line of the email*. 3. *A ticket in Jira will be created on your behalf*. 4. *Upon receipt the Data Protection Officer will start an investigation with other parties (IT, Legal, Outside Counsel)*   ***Please be as detailed as possible (Who, What, When, Where and Why) without disclosing personal data of any potential Data Subjects when completing this form.***  For example, do not provide the names of Data Subjects affected by the breach. If we need this information, we will ask for it later.  **Instructions for DPO (Data Protection Officer) or DDPO (Deputy Data Protection Officer):**  Complete Part 2 with input from all necessary CIEE staff. |

# Part 1: Initial Data Breach INCIDENT Report (To be filled out with the direct line manager)

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| 1. **EMPLOYEE DETAILS:** | | | | | |
| **NAME:** |  | | **POSITION/TITLE:** | |  |
| **START DATE OF FILLING OUT THIS FORM (DD/MM/YYYY):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ | | | **LOCAL TIME OF FILLING OUT THIS FORM:**  \_\_\_ **:** \_\_\_ **:** \_\_\_ | | |
| **TEL:** |  | | **EMAIL:** | |  |
| **CIEE SITE:** | |  | | | |
| 1. **INCIDENT INFORMATION:** | | | | | |
| **PERIOD OF INCIDENT:** | | | |  | |
| **START DATE (DD/MM/YYYY):** \_\_\_ **/** \_\_\_ **/** \_\_\_\_\_ | | | | **TIME:** \_\_\_ **:** \_\_\_ **:** \_\_\_ | |
| **END DATE (IF APPLICABLE) (DD/MM/YYYY):** \_\_\_ **/** \_\_\_ **/** \_\_\_\_\_ | | | | **TIME:** \_\_\_ **:** \_\_\_ **:** \_\_\_ | |
| **CITY/ AND COUNTRY OF INCIDENT:** | | | | | |
| **DESCRIPTION & NATURE OF INCIDENT:**  (Please be as detailed as possible (Who, What, When, Where and Why) ***without*** disclosing personal data of any potential Data Subjects). | | | | | |
| **Part 1 is now complete. Please email this form to dpo@ciee.org.** | | | | | |

# Part 2: Data Protection Officer/Investigator Details:

(***To be filled out by DPO or DDPO***)

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| --- | --- | --- | --- | --- |
| 1. **INCIDENT INFORMATION:** | | | | |
| **TYPE OF BREACH:** | | | | |
| **CATEGORIES OF DATA SUBJECTS AFFECTED:** | | | | |
| **WERE ANY KNOWN MINORS INVOLVED/IMPACTED IN THE BREACH?** | | | | **YES  NO** |
| **CATEGORIES OF PERSONAL DATA RECORDS CONCERNED:** | | | | |
| **NO. OF DATA SUBJECTS AFFECTED:** | | **NO. OF RECORDS INVOLVED:** | | |
| **IMMEDIATE ACTION TAKEN TO CONTAIN/MITIGATE BREACH:** | | | | |
|  | | | | |
| **STAFF INVOLVED IN BREACH:** | | | | |
| **THIRD PARTIES INVOLVED IN BREACH:** | | | | |
| 1. **BREACH NOTIFICATIONS:** | | | | |
| **WAS THE SUPERVISORY AUTHORITY NOTIFIED?** | | **YES**  **NO** | | |
| **DATE SUPERVISORY AUTHORITY RECEIVED NOTIFICATION** | | **DATE:** | | |
| **IF YES, WAS THIS WITHIN 72 HOURS?** | | **YES  NO  N/A** | | |
| *If no to the above, provide reason(s) for delay* | | | | |
| **WAS THE BELOW INFORMATION PROVIDED TO THE SUPERVISORY AUTHORITY?** | **YES/NO** | | **DESCRIPTION** | |
| *A description of the nature of the personal data breach* | **YES/NO** | |  | |
| *The categories and approximate number of data subjects affected* | **YES/NO** | |  | |
| *The categories and approximate number of personal data records concerned* | **YES/NO** | |  | |
| *The name and contact details of the Data Protection Officer and/or any other relevant point of contact (for obtaining further information)* | **YES/NO** | |  | |
| *A description of the likely consequences of the personal data breach* | **YES/NO** | |  | |
| *A description of the measures taken or proposed to be taken to address the personal data breach (including measures to mitigate its possible adverse effects)* | **YES/NO** | |  | |
| **WAS NOTIFICATION PROVIDED TO DATA SUBJECT(S)?** | | **YES  NO** | | |
| **DATE DATA SUBJECT(S) RECEIVED NOTIFICATION** | | **DATE:** | | |
| *If no to the above, provide reason(s) for delay* | | | | |
| **WAS THE BELOW INFORMATION PROVIDED TO THE DATA SUBJECT?** | **YES/NO** | | **DESCRIPTION** | |
| *A description of the nature of the personal data breach* | **YES/NO** | |  | |
| *The name and contact details of the Data Protection Officer and/or any other relevant point of contact (for obtaining further information)* | **YES/NO** | |  | |
| *A description of the likely consequences of the personal data breach* | **YES/NO** | |  | |
| *A description of the measures taken or proposed to be taken to address the personal data breach (including measures to mitigate its possible adverse effects)* | **YES/NO** | |  | |

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| 1. **INVESTIGATION INFORMATION & OUTCOME ACTIONS:** |
| **DETAILS OF INCIDENT INVESTIGATION:** *(Describe)* |
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| **PROCEDURE(S) REVISED DUE TO BREACH:** *(If applicable)* | | |
|  | | |
| **STAFF TRAINING PROVIDED AFTER THE BREACH:** *(If applicable)* | |  |
|  | | |
| **DETAILS OF ACTIONS TAKEN AND INVESTIGATION OUTCOMES:** *(Describe)* | | |
|  | | |
| **HAVE THE MITIGATING ACTIONS PREVENTED THE BREACH FROM OCCURRING AGAIN?** *(Describe)* | | |
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| **WERE APPROPRIATE TECHNICAL MEASURES IN PLACE?** | **YES**  **NO** | |
| *(If no please describe which measures were not in place)* | | |

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| 1. **Signatures** |
| **Investigator Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  please print |
| **Investigator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_ **/** \_\_\_\_ **/** \_\_\_\_\_\_ |
| **Authorised by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |