

Attachment

Personal Information Infringement Report and Record Sheet

Personal Information Infringement Report and Record Sheet		
Name of non-government agency _____	Reporting time: ___hour ___mins, dd___ mm ___yy Reporter: _____ Signature (Seal) Job title: Telephone: Email : Address:	
Reporting agency _____		
Time of occurrence		
Incidence type	<input type="checkbox"/> Theft <input type="checkbox"/> Leakage <input type="checkbox"/> Alteration <input type="checkbox"/> Damage <input type="checkbox"/> Loss <input type="checkbox"/> Others	Total personal information entries infringed upon (approximate) _____
		<input type="checkbox"/> Regular personal information _____ entries <input type="checkbox"/> Special personal information _____ entries
Causes outline of incidence		
Damage condition		
Likely outcome of personal information infringement		
Response measures to be adopted		
Time and approach to notify concerned		

parties	
Whether personal information leakage was reported within 72 hours after occurrence	<input type="checkbox"/> Yes <input type="checkbox"/> No , Reasons: