|  |  |
| --- | --- |
| THE UNIVERSITY OF ADELAIDE - DATA BREACH REPORT FORM  *Under Phase 1 of the University’s* [*Data Breach Response Plan*](https://www.adelaide.edu.au/policies/62/?dsn=policy.document;field=data;id=8225;m=view) *this Data Breach Report Form must be completed by University personnel who become aware of actual or suspected data breaches* | |
| ***Part A – Employee details*** | |
| **Full Name:** |  |
| **Employee Number:** |  |
| **Position Title & Business Unit:** |  |
| **Phone number:** |  |
| **Email:** |  |
| ***Part B – Incident details*** | |
| **Date and time of the data breach:** |  |
| **Location of the data breach:** |  |
| **Description of the data breach (i.e. what happened, what types of personal information involved):** |  |
| **How was the breach detected:** |  |
| **How many individuals does the data breach affect:** |  |
| **Could the breach have compromised data of individuals from overseas, what locations:** |  |
| **What systems (e.g. devices, email accounts, databases, worksites etc.) have been affected by the breach (if known):** |  |
| **Attach any evidence of the breach (e.g. computer logs, screenshots, relevant emails etc.)** |  |
|  | |
| **Signature:** | **Date:** |

***Once this form is completed it must be provided to your Area Manager (Head of School or Branch, or relevant line manager)***