Schedule 1

THE UNIVERSITY OF ADELAIDE - DATA BREACH REPORT FORM

Under Phase 1 of the University's [Data Breach Response Plan](#) this Data Breach Report Form must be completed by University personnel who become aware of actual or suspect 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:	☐ 1 ☐ 2 – 10 ☐ 11 – 100 ☐ 101 – 1,000 ☐ 1,001 – 10,000 ☐ 10,001 – 100,000 ☐ 100,001 or more
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)