

SKYSWOOD PRIMARY AND NURSERY SCHOOL

DATA BREACH INCIDENT FORM

Revision History

Version	Revision Date	Revised by	Ratified
V1.3	June 2020	Bob Bridle/Graham Clarke	Governing Body

Document Control

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1 DATA BREACH INCIDENT FORM (*TEMPLATE*)

DPO/COMPLIANCE OFFICER/INVESTIGATOR DETAILS:			
NAME:		POSITION:	
DATE:		TIME:	
TEL:		EMAIL:	
INCIDENT INFORMATION:			
DATE/TIME OR PERIOD OF BREACH:			
DESCRIPTION & NATURE OF BREACH:			
TYPE OF BREACH:			
CATEGORIES OF DATA SUBJECTS AFFECTED:			
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:			
PROCEDURES INVOLVED IN BREACH:			
THIRD PARTIES INVOLVED IN BREACH:			
BREACH NOTIFICATIONS:			
WAS THE SUPERVISORY AUTHORITY NOTIFIED?			YES/NO

IF YES, WAS THIS WITHIN 72 HOURS?	YES/NO/NA	
<i>If no to the above, provide reason(s) for delay</i>		
WAS THE BELOW INFORMATION PROVIDED? (if applicable)	YES	NO
<i>A description of the nature of the personal data breach</i>		
<i>The categories and approximate number of data subjects affected</i>		
<i>The categories and approximate number of personal data records concerned</i>		
<i>The name and contact details of the Data Protection Officer and/or any other relevant point of contact (for obtaining further information)</i>		
<i>A description of the likely consequences of the personal data breach</i>		
<i>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)</i>		
WAS NOTIFICATION PROVIDED TO DATA SUBJECT?	YES/NO	
INVESTIGATION INFORMATION & OUTCOME ACTIONS:		
DETAILS OF INCIDENT INVESTIGATION:		
PROCEDURE(S) REVISED DUE TO BREACH:		
STAFF TRAINING PROVIDED: (if applicable)		
DETAILS OF ACTIONS TAKEN AND INVESTIGATION OUTCOMES:		

HAVE THE MITIGATING ACTIONS PRVENTED THE BREACH FROM OCCURRING AGAIN? (Describe)	
WERE APPROPRIATE TECHNICAL MEASURES IN PLACE?	YES/NO
<i>If yes to the above, describe measures</i> 	
Investigator Signature: _____	Date: _____
Investigator Name: _____	Authorised by: _____