

PRIVACY BREACH REPORT FORM (page 1 of 4)

A privacy breach refers to the loss of, unauthorized access to, or disclosure of, personal information under the University's custody or control. In accordance with [Procedure 20-8 — Privacy Breach Response Protocol](#), the breach must be reported to your immediate supervisor. Additionally, the breach must be reported to the Access to Information and Privacy Office at 613-562-5800 ext. 1851 or aipo@uOttawa.ca.

Information contained in this form will be used by the Access to Information and Privacy Office (AIPO) for investigative purposes. AIPO may require that you provide a copy of the original records, which should be transmitted as soon as possible by a secure means (such as [LiquidFiles](#)). Should the Director, Access to Information and Chief Privacy Officer, decide to initiate a privacy investigation, the parties involved will be notified.

This form should be completed by the person most knowledgeable about the details of the breach.
Do not include information in this form that can identify the individual(s) affected by the breach.

Access to Information and Privacy Office

550 Cumberland, Room M407, Ottawa, ON K1N 6N5
Tel: 613-562-5800 ext. 1851 • aipo@uOttawa.ca • www.uOttawa.ca/aipo

PRIVACY BREACH REPORT FORM (page 2 of 4)

CONTACT INFORMATION

LAST NAME	FIRST NAME (INCLUDE MIDDLE NAME IF APPLICABLE)	
TITLE	FACULTY OR SERVICE	
NAME OF IMMEDIATE SUPERVISOR	TELEPHONE WITH EXT.	WORK EMAIL

PRIVACY BREACH TIMELINE (enter the date (yyyy/mm/dd) for each of these stages)

<p>OCCURRED</p> <table border="1"> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table> <p>DATE</p>	YYYY	MM	DD	<p>DISCOVERED</p> <table border="1"> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table> <p>DATE</p>	YYYY	MM	DD	<p>REPORTED TO SUPERVISOR</p> <table border="1"> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table> <p>DATE</p>	YYYY	MM	DD	<p>REPORTED TO AIPO</p> <table border="1"> <tr> <td>YYYY</td> <td>MM</td> <td>DD</td> </tr> </table> <p>DATE</p>	YYYY	MM	DD
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PERSONAL INFORMATION BREACHED (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Home address | <input type="checkbox"/> Date of birth |
| <input type="checkbox"/> Telephone number | <input type="checkbox"/> Password(s) | <input type="checkbox"/> Email |
| <input type="checkbox"/> Signature | <input type="checkbox"/> Financial information | <input type="checkbox"/> Credit or debit card |
| <input type="checkbox"/> Employee file | <input type="checkbox"/> Driver's licence number | <input type="checkbox"/> Health card number |
| <input type="checkbox"/> Social Insurance Number | <input type="checkbox"/> Medical information | <input type="checkbox"/> Student number |

OTHER:

Estimated number of individuals whose personal information was breached _____

INDIVIDUAL(S) WHOSE INFORMATION WAS BREACHED

- | | | |
|-----------------------------------|--|---|
| <input type="checkbox"/> Student | <input type="checkbox"/> Academic, administrative or support staff | <input type="checkbox"/> Research participant |
| <input type="checkbox"/> Retirees | <input type="checkbox"/> Alumnus or alumna | <input type="checkbox"/> Other: _____ |

(e.g., room, building) _____

LOCATION OF BREACH

- | | | |
|--|--|---|
| <input type="checkbox"/> Unauthorized access | <input type="checkbox"/> Misdirected email | <input type="checkbox"/> Misdirected mail |
| <input type="checkbox"/> Cyberattack | <input type="checkbox"/> Lost or stolen device | <input type="checkbox"/> Other: _____ |

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POTENTIAL RISK OR HARM (Identify any harm that may result from the breach - check all that apply)

- Identify theft (higher risk if breach involves Social Insurance Number or financial information)
- Negative effects on credit record and damage to or loss of property
- Physical harm or harassment (e.g., stalking)
- Emotional harm, humiliation, damage to relationships or to reputation (e.g., disclosure of mental health records)
- Financial loss, loss of business or employment opportunities
- Breach of contract and/or other legal obligations (e.g., from data loss)
- Future breaches (technical failures)
- Violation of professional standards or certificate standards
- Other: _____

GENERAL DESCRIPTION OF THE BREACH

STEPS TAKEN TO CONTAIN THE BREACH AND REDUCE ITS HARM (e.g., retrieval of affected information, password change, system shutdown, access change)

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NOTIFICATIONS

Have you notified other authorities of the breach?

- Protection Services Ethics Board Professional and other regulatory bodies

OTHER:

If you have already contacted one or more of these authorities, provide the date, report number and contact information (as applicable):

SAFEGUARDS

Describe the physical and technical safeguards that were in place to protect the personal information that was breached (check all that apply):

- Locked door(s) Locked filing cabinet(s) Alarm system
 Camera(s) Password(s) Encryption
 Other: _____

SIGNATURE

YYYY	MM	DD

DATE

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