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| --- | --- |
| **Reference #:** | **Service Affected:** |
| **Criticality (H/M/L):** |  |
| Description of Incident – including impact (who was affected, what systems were affected, scale of impact): | |
| Timeline of Events – include all relevant events and meetings to resolve issues: | |
| Investigation of Incident – include findings and results of the investigation: | |
| Resolution and Conclusions: | |
| Recommendations/Lessons learned: | |
| In the event of any reoccurrence, what action can staff take to reduce the impact: | |
| Report completed by: | |
| Date: | |

Data Breach/Incident Report Form