|  |  |
| --- | --- |
| **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