

t: (807) 343-8010 ext. 8518 mshaw1@lakeheadu.ca

## FORM FOR REPORTING BREACHES OF PRIVACY

Remember to keep all information general - i.e. no information that can identify anyone should be included in your answers.
(1) University Unit in which the breach – or possible breach - occurred:
(2) Please describe the privacy breach – or possible breach, including details of where, when and how it happened – and specify exactly what personal information was disclosed or compromised:
(3) Response to the breach or possible breach:
(a) If personal information actually has been improperly disclosed, please indicate measures taken to contain the breach - i.e. to limit the damage from this particular breach and to ensure, if possible, no further disclosure than what has taken place:

(b) Are the persons whose personal information is involved aware of the breach – or possible
breach, or have they been informed?
(a) Chang taken to the to enquire that a similar breach, or exposure of nevertal information
(c) Steps taken to try to ensure that a similar breach – or exposure of personal information -
won't happen in the future:
Name of University employee submitting this Report:
Date of this Report: