

Privacy Complaint Form

[Attach or provide all relevant documentation including complaints and audits]

Today's Date: _____

Date of Incident: _____

Location of Incident: _____

Date Incident was Discovered: _____

Discovered/Reported by:

Service recipient

Family member or representative

Team member

Vendor

Public

Audit

Privacy commissioner

Other: _____

Name if applicable: _____

Contact information: _____

Type of incident:

Hacking/malware/security breach

Mobile device (USB, laptop, hard drive)

Lost

Stolen

Paper copies

Lost

Stolen

Wrong recipient

Fax

Email

Text

Unauthorized collection by: _____

Unauthorized use by: _____

Unauthorized disclosure by and to: _____

Other: _____

Details of the incident and how it was discovered/reported:

How many people affected?: _____

Does the incident include:

- Risk of identity theft:** health card number, social insurance number, credit card information, driver's license, passport, banking information, home contact information

- Risk of physical harm:** is there any indication that individuals affected are at risk of physical harm (harassment or stalking)