

Data Protection Breach Record

Incident Date		Incident Number	
Incident Type			
Police incident number (where applicable):			
Personnel involved			
Description of event:			
Chronology of events			
Date	Details – Please use a separate sheet if you need additional space.		
Where appropriate, have those affected been informed ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Lessons learned:			
Recommendations:			
Do I need to inform the Information Commissioners Office?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name of DPO/staff member responsible for investigation:		Senior Team aware? <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signed:		Date	