**DATA BREACH REPORT FORM**

Please complete Sections 1- 8 and send the completed form to: [schools.data.protection.officer@enfield.gov.uk](mailto:schools.data.protection.officer@enfield.gov.uk)

Please ensure your Head and/or Business Manager is aware – however please DO NOT delay reporting if they are not available.

Reporting on this form is on a no-blame basis and the Whistleblowing Policy applies.

It’s more important to get this reported than to get it completely right, so if there are areas that you are unsure of, please say so and submit anyway. In the case of serious breaches we have 72 hours to report to the Information Commissioner, so this should be done without delay.

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| **1. Your Details** | | | |
| **Name:** |  | | |
| **Job Title:** |  | | |
| **School:** |  | | |
| **Telephone No:** |  | | |
| **e-Mail:** |  | | |
| **Who was the source of the incident?** | Internal member/s of staff  External member/s of staff  Other third party | | |
| **Are you person who is responsible for the incident occurring?** | Yes  No  *If the answer to this question is ‘no’, then please go to the next section.* | | |
| **Who was responsible for the incident?** | *Specify the name, team, contact details of the individual/s:* | | |
| **Date of completion of the form:** | Click or tap to enter a date. | **Time of completion of the form** |  |

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| **Details of the incident** | | | |
| **2. Time and date the incident occurred** | **Date:** Click or tap to enter a date.  **Time:** |  | |
| **3. Time and date the incident was discovered** | **Date:** Click or tap to enter a date.  **Time:** |  | |
| **4. Did the incident relate to a living person?** | **Yes**  **No** |  | |
| **6. What is the type of incident** | Loss of data/device  Theft/stolen of data/device  Disclosure in error (email)  Disclosure in error (verbal)  unlawful destruction of data  accidental/ unauthorised alteration of data  unauthorised access to data |  | |
| **What was the format of data that was involved in the incident?** | Hard copy (paper records)  Digital |  | |
| **5. What type of data was involved?** | Please describe the types of data involved in the incident (e.g., Names, NI numbers, addresses, bank details)  Tick all types below:  Non-personal data  Commercially sensitive data  Data revealing racial or ethnic origin  Political opinions  Religious/ Philosophical beliefs  Trade union membership  Sex life data  Sexual orientation data  Genetic reassignment data  Health data  Basic personal identifiers, eg name, address  Identification data, eg usernames or passwords  Economic and financial data eg credit card number, bank details  Official documents, eg driving licence  Location data, eg coordinates  Genetic or biometric data  Criminal convictions or offences  Other  Is this data we have received from another organisation?  Police  NHS  DWP  Other local authority  If another organisation please specify: |  | |
| **What is the format of data that was involved in the incident?** | Hard copy (paper records)  Digital  Please forward a copy of the information that was involved in the incident with this form. |  | |
| **7. Description of Incident/risk:** | | | |
| **How did you find out that the incident had occurred?** |  | | |
| **What happened?** |  | | |
| **Have the internal members of staff received data protection training in the last 2 years to the breach? Please provide dates.** |  | | |
| **Are there any risks to the data involved in the incident?** | *Yes*  *No* | |
| **What are the risks?** |  | |
| **8. Mitigation and resolution** | | | |
| **What preventative measures did you have in place to stop this type of breach happening?** | ***Details whether you have any current processes, procedures or technical measures in place.*** | | |
| **What have you done to mitigate the breach once you were aware?** | ***Describes steps you have taken to contain the breach and limit its impact*** | | |
| **What steps have you, or will you take to stop the same or similar breach happening again?** |  | | |

The following sections will be completed by the Data Protection Team

|  |  |
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| **9. If Lost/stolen device** | |
| **Name of colleague reviewing** |  |
| **Type of device lost/stolen** | Laptop  Phone  Tablet  Other (please specify) |
| **Who is the owner of the device?** |  |
| **Asset no.** |  |
| **Are you aware about where the device may have been lost/ stolen** | *Specify below:* |
| **Is there a risk of unauthorised access to the data on the device** | *Yes*  *No* |
| **What is the risk?** |  |
| **Outcome of Data Protection Review** |  |
| **Date and time** | Date: Click or tap to enter a date.  Time: |

Investigating Officer to complete Section 10

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| **10. Summary of Investigative Findings – how did this happen** | |
|  | |
| **Details of Corrective/Preventive Action** |  |
| **Who is responsible for implementing and ongoing monitoring of the actions?** |  |
| **What are the key lessons learnt?** |  |
| **Officer completing investigation name:** |  |
| **Date:** | Click or tap to enter a date. |
| **Suggested date to follow up (according to severity of incident this may be days, weeks or month)** |  |

Data Protection Officer to complete section 11

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| 11. **Data Protection Officer Findings (Complete if personal data engaged)** | |
| **ICO Report Made?** | Yes  No  ICO Case Number:  **ICO Case Outcome** |
| **Reason for report / Not reporting** | No significant risk to rights and freedoms  We are not data controller  **Decision Details:** |
| **Confirm that the tracker has been updated** | Yes |
| **Confirm final investigation report form saved** | Yes |
| **Confirm email sent to DSSecurity to close the Service Now ticket** | Yes |