

PRIVACY BREACH REPORTING FORM (INTERNAL USE ONLY)

This form is designed to help The East Central Alberta Catholic Separate School Division staff report suspected privacy breaches in compliance with Alberta's Protection of Privacy Act (POPA). Please provide as much detail as possible to assist in risk assessment, legal compliance, and prevention of future incidents. Email this form to maryann.threinen@ecacs16.ab.ca once completed.

1. Reporter Information

Name: _____

Position/School/Department: _____

Phone: _____

Email: _____

Date of Report: _____

2. Description of the Incident

Date/Time Incident Occurred or Discovered: _____

Location: _____

Describe what happened (attach additional pages if needed):

3. Type of Information Involved

(select all that apply)

- Student personal information
- Employee personal information
- Parent/guardian personal information
- Sensitive personal information (health, financial, minor, etc.)
- Data derived from personal information
- Non-personal data (risk of re-identification suspected)

Specify details:

4. Individuals Affected

Approximate number of individuals affected: _____

Describe the individuals (students, staff, parents, etc):

5. Containment Actions Taken

What immediate steps were taken to stop or limit the breach?

Has the information been recovered?

- Yes
- No

If yes, describe:

6. Suspected Cause of Breach

- Human error
- Technical/system failure
- Unauthorized access
- Loss/theft of device or records
- Other (describe):

7. Notifications Already Made (if any)

- Supervisor
- Privacy Officer
- IT Services
- Law enforcement
- Other: _____

Date/Time notified: _____

8. Additional Information

Attach supporting documents, screenshots, or emails where applicable.

For Privacy Officer / Secretary-Treasurer Use Only

Assessment:

Risk of Significant harm?

- Yes
- No

Notification required?

- Individuals
- Commissioner
- Minister

Date notifications completed: _____

Corrective actions taken:

File closed on: