## Data Incident Reporting Form

Once completed, please send a copy to dpo@cambridgeshirepeterborough-ca.gov.uk and retain a copy for your records.

| Reported by | To be completed |
| :--- | :--- |
| Responsible officer |  |
| Department |  |
| Date and time of when the incident occurred |  |
| Date and time reported to DPO |  |
| Date and time you become aware of the incident |  |
| Reason for delay if any |  |
| Does this incident affect any other parties? |  |
| What kind of incident is this? |  |
|  |  |


| How many individuals could this incident affect? |  |
| :--- | :--- |
| Subject names and details |  |
| What kind of people are affected? |  |
| Are these people aware? |  |
| Ease of identification of individuals |  |
| Type of data lost |  |
| Summarise the incident and the information that <br> has been lost |  |
| Actions Taken by department to mitigate, recover <br> etc. |  |
| What impact does this have on the individuals <br> involved? What is the risk to them? |  |
| Temporary or Permanent Loss subjects |  |
| What is the impact on the authority and its <br> business? |  |

## Please complete the following checklist to confirm what actions you have taken:

| Have you informed your director? <br> (include name of director) |  |
| :--- | :--- |
| Has an extensive search for any <br> physical loss been undertaken? |  |
| Have you been able to retrieve the <br> lost data? |  |
| Has the lost data been destroyed? |  |
| Have you reviewed procedures to <br> prevent recurrences? |  |
| Is there likely to be media interest as <br> a result? |  |

## Version History

| Revision <br> Number | Revision <br> Date | Nature of <br> Revision | Checked <br> By | Reviewed <br> by | Approved <br> by |
| :---: | :---: | :---: | :---: | :---: | :---: |
| V1 |  |  |  |  |  |
| V2 | March 2023 | Update <br> format of <br> report | Sue Hall | Edwina <br> Adefehinti | Edwina <br> Adefehinti |
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