# Incident Report Form - Confidential

Members of the Department must report actual or suspected Incidents, including all breaches to the University Data Breach Team as follows:

* Refer the Incident immediately to: [**data.breach@admin.ox.ac.uk**](mailto:data.breach@admin.ox.ac.uk)
* Always include these individuals on the email referral in “Cc” line:
  + The Line Manager of the person referring the Incident;
  + The Information Asset Owner for the data set which is the subject of the Incident; and
  + The Department IGM using this email account: **datasecurity@phc.ox.ac.uk.**

The IGM will coordinate the triage, escalation to the IT/G Head and the SIRO as well as the required remediation in response to the referral.

Members should not delay the reporting of any Incident to the Data Breach team by first attempting to gather more information and/or referring it initially to the SIRO, IT/G HEAD and/or IGM for feedback.

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| 1. **Date(s) & time(s) of Incident** | |  |
| 1. **Date & time Reported**   *if different* | |  |
| 1. **Name of reporting person(s)** | |  |
| 1. **Name of person to whom the incident was reported** | |  |
| 1. **Incident (Lead if different than person reporting)** | |  |
| 1. **Names of any other persons involved in the incident** | |  |
| 1. **Information Asset Number(s) Impacted by the Incident** | |  |
| 1. **Department serving as Controller (Sponsor) or Processor of Information Asset Number(s) Impacted by the Incident** | |  |
| 1. **Full description of incident, including, but not limited to:**  * the type of event (e.g. data loss, potential data exposure, security breach etc.) * the location of the incident * the risk to the Information Asset and the University * the cause(s) of the incident any contributing factors | | |
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| 1. **The category of data compromised (tick as appropriate)** | | |
| **PERSONAL DATA**  Name  Address  Telephone Number  Email Address  Date of Birth  National Insurance Number  Financial Data  Image  Voice  IP Address  Other  Specify: | **SPECIAL CATEGORY DATA**  Race  Ethnic Origin  Genetic Data  Biometric Data  Health Data  Political Affiliation  Trade Union Membership  Sexual Orientation  Other  Specify: | |
| 1. **Describe the Immediate Remedial actions taken, if any:** | | |
|  | | |
| 1. **Document the number of individuals whose data was compromised:** | | |
| **NUMBER IMPACTED**  0-10  10-50  50-100  100-250  250-500  500-1000  1000+  Specify: | **PERSONNEL CATEGORY IMPACTED**  Staff  Patients  Trial Participants  Other  Specify: | |
| 1. **Is there a high likelihood that the data loss will result in financial, legal or reputational damage to the department**? Please provide details. | | |
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| 1. **List the recommended corrective action** (including responsibility and timeline) to be taken to prevent a re-occurrence of this incident or similar incidents. | | |
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| 1. **Details of any onward reporting** (e.g. University InfoSec team, University Data Protection Officer, the Police). | | |
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| **FOR DEPARTMENT IT/G OFFICE USE ONLY**  **(to be completed by the IGM, IT/G HEAD or SIRO)** | |
| 1. Classification of the information: Confidential  , Internal  or Internal, Public   Specify: | |
| 1. List the persons who have been provided with a copy of this report. This should include the SIRO, IT/G HEAD, IGM and any relevant IAO(s). | |
| **Name** | **Date Notified** |
| IGM – P Nieri |  |
| SIRO\* - T Baldwin |  |
| IAO - |  |

\*The IGM is required to escalate notice of any referral involving a breach of information to the SIRO and IT/G Head.