

HIGHLY CONFIDENTIAL

PRIVACY AND FRAUD INCIDENT REPORT			
Your Name:		Dept/Division:	
Today's Date:	Tel No:	E-mail Address:	
Date of Incident:		Time of Incident:	
Who Was Notified:		Time of Notification:	
Brief Description of Incident: (include nature of Incident, how it was discovered, impacted party(s), system(s), type of harm(s) other (specify.)			
Did you witness the incident yourself?		Y <input type="checkbox"/>	N <input type="checkbox"/>
Did others witness the incident? (if yes, specify below)		<input type="checkbox"/>	<input type="checkbox"/>
To your knowledge, was any of the following involved?			
Telephone	<input type="checkbox"/>	Theft	<input type="checkbox"/>
Fax	<input type="checkbox"/>	Fraud	<input type="checkbox"/>
Photocopier	<input type="checkbox"/>	Unauthorised Access	<input type="checkbox"/>
Computer Hardware	<input type="checkbox"/>	Client/Student	<input type="checkbox"/>
E-mail	<input type="checkbox"/>	Third Parties	<input type="checkbox"/>
Internet download	<input type="checkbox"/>	Copyright	<input type="checkbox"/>
Virus	<input type="checkbox"/>	Other (specify below)	<input type="checkbox"/>
Did you report this incident: (Please circle all applicable)		Y	N <input type="checkbox"/>
Supervisor - Human Resources – VP of Corporate Services - CEO - Other (Please Specify)			
OFFICE USE ONLY			
Initiated By:	Date:	Reviewed By:	Date:
Approved By (1):	Date:	Approved By (2):	Date: