



**Privacy Breach Directive A1445 Reporting Form**  
To be completed within 24 hours of a privacy breach or violation

**Circumstance of Breach or Violation:**

Employee reporting incident:  
Contact phone no.:  
Supervisor's name:  
Program Area:  
Date & Time of Incident:

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**City Staff Notified (include date):**

Supervisor:  
FOIP Coordinator:  
Corporate FOIP Analyst:  
Branch Manager:  
General Manager:  
FOIP Manager:  
City Manager:

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**Description of Incident in Detail (attach additional page if necessary):**

Include incident location; description of information breached (name of individual is not required); reason breach occurred if know.

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**Breach Level (assigned by the Corporate FOIP Analyst)**

Low:  
Medium:  
High:

**Completed by Office of the City Clerk**

**File #:**

**Internal/External:**

**Date Informed:**

**Notes:**

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**Follow-up and Safeguards Put in Place:**

**Actions and Follow-up Planned**

**Date Completed**

1. Affected party notified of breach:
2. Information retrieved or destroyed if possible:
3. Safeguards to prevent reoccurrence:
4. Any policy/procedure change:
5. Staff advised of incident, policy/procedures reviewed:
6. Other: