

Extra Mile Charity

Data Breach Incident Report Form

Date Adopted	August 2018	
Date reviewed and ratified by Trustees	January 27 th 2021	
Date of review	January 2022	
Chair of Trustees	Mike Fielding	

HIGHLY CONFIDENTIAL



Data Breach Incident Report Form

1.	FORM FOR REPORTING	A SUSPECTED DATA BREACH IN	CIDENT		
2. Your Name:		3. RO	LE		
4.		5.			
Гoday's Date:	Tel No:		nail Address:		
		7.			
Date of Incident:		Time and Place of Incident:			
Who Was Notified:		Time of Notification:			
Brief Description of Incident: (include w	ebsite URLs, suspect name(s	.). impacted system(s), other relevant d	ata) Continue on Pa	age 2 if necessary	
·	, , ,	, , , , , , , , , , , , , , , , , , , ,	,	,	
			Y	N	
Did you witness the incident yourself?					
Did others witness the incident? (if was	coosify bolow)				
Did others witness the incident? (if yes,	specify below)				
To your knowledge was any of the follow	wing involved?				
Telephone		Theft			
Fax		Fraud			
Photocopier		Unauthorised Access			
Computer Hardware	П	Customers			
E-mail		Third Parties			
Internet download		Copyright			
Virus		Other (specify below)			
			Υ	N	
Was any Extra Mile Internal or Confiden	tial information compromise	ed?			



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Did you report this incident to: (Please of Principal- Law Enforcement – Deputy Pr				
Initiated By:	Date:	Reviewed By:	Date:	
Approved By (1):	Date:	Approved By (2):	Date:	

Continue brief description below: