

Data Incident Reporting Form

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

	To be completed
Reported by	
Responsible officer	
Department	
Team within 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?	
How did you become aware of the incident?	
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* Delete where applicable	
Summarise the incident and the information that has been lost	
Actions Taken by service to mitigate, recover etc.	
What impact does this have on the individuals involved? What is the risk to them?	
Risk to subjects	
What is the impact on the authority and its business?	
Temporary or Permanent Loss	

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

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