

NOTICE OF DATA BREACH: INCIDENT REPORT

I. INTRODUCTION

The purpose of this form is to provide a structured method to report incidents that may have resulted in the unintentional sharing of PII by an SDWP subsidiary. Please complete the information below and submit to the HelpDesk@workforce.org.

General Information	
Subrecipient Name	
Staff Reporting Breach	
Phone Number/E-Mail	

Location(s)
Address: City, State, Zip:
Address: City, State, Zip:

In detail, please describe what occurred?

When did the incident occur and how were you made aware of the incident?

What information was breached?

Please describe how your organization is resolving the breach?

How can SDWP assist you with the breach?