Commission and Council Incident Report

Please complete the following form with as much detail as possible. **DO NOT** include actual personally identifiable information (PII) in this form.

Return completed form to Pam Woods, pamela.woods@wvhepc.edu

|  |  |
| --- | --- |
| Name:(Name of Person Completing Form) | Date:(Date form completed) |
| Location of incident: | Date incident occurred: |
| Please briefly describe the incident: |  |
| Please list the specific **type** of information disclosed below. Include database field if appropriate. ***(DO NOT list actual data that was disclosed here)*** |
|  |
| Number of individuals whose information was disclosed: |  | Number of individuals who received disclosed information *(if known)*:  |  |
| Describe how the incident occurred below. Include if the incident was intentional or the result of an accident/negligence: |
|  |
| How was the incident discovered? |  |
| Name of individual who disclosed the information *(if known)*: |  |
| Division of individual who disclosed the information *(if known)*:  |  |
| List individual(s) to whom the information was disclosed: |  |
| Please list the steps (if any) that have been taken to repair or correct the issue below. |
|  |
| Please give a detailed description of the incident and include any other information that may be relevant to the investigation below. |
|  |