|  |
| --- |
| Data Subject (person who the information is about)  |
| Full Name: |  | Title: |  |
| Position held at PGS |  |
| Incident number:  |  |

| Explain how a data breach may have occurred? Where, how, when.  |
| --- |
|  |
| Number of data subjects that may be affected? |
|  |
| Description of any action taken at the time.  |
|  |

**To be completed by the Governance and Compliance Officer**

| Follow up action  |
| --- |
|  |
| If reportable to ICO confirm detail |
|  |

| Declaration:  |
| --- |
| I hereby confirm that all the information in this form is a true and accurate reading |
| Staff Signed: |  | Dated: |  |
| DPO Signed:  |  | Dated: |  |