



# Data Breach Form

V1.05.05.23

## 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**

Aim High



Be Determined



Be Kind



Be Supportive



Be Proud

Follow up action

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If reportable to ICO confirm detail

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Declaration:

I hereby confirm that all the information in this form is a true and accurate reading

Staff Signed:

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Dated:

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DPO Signed:

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Dated:

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