

Privacy Incident Report

Upon discovery of a Privacy Incident, please complete and send this form to the Privacy Office at privacy@hud.gov within 1 hour of discovery. While not all details regarding the incident may be known within this time frame, please include as much information as possible.

Office/Department Name & Address

Date of Discovery

Date When Incident Occurred

Suspected Incident

Actual Incident

Time of Discovery

(Include AM/PM and Time Zone)

Time When Incident Occurred

(Include AM/PM and Time Zone)

Provide a best estimate of the date and time when the incident likely occurred. If you have no information regarding this, please write "unknown."

Incident Description

- Describe the circumstances of the incident. (e.g., an office was broken into, a laptop was stolen, an individual verbally disclosed confidential information to an unauthorized party, etc.)
- *Do not include actual PII on this form.* Only describe the records and circumstances involved in the incident.

Type of Information Compromised (E.g., names, addresses, billing information, SSNs)

- *Do not include actual PII in this form.* Please only note the *type* of PII that may have been compromised.

System Identification

- If the incident was a cyber incident, please provide the name and identification number of the system(s) involved. If not, put "N/A"