

Client Data Risk Incident Report # _____

Information			
Employee Name: _____		Title: _____	
Date of Incident: _____		Date Reported: _____	
Supervisor Name: _____		Review Date: _____	
Incident Location			
Affected Clients: _____ <input type="checkbox"/> Additional clients listed on attached addendum		Contact: _____	
		Contact: _____	
		Contact: _____	
		Contact: _____	
Incident Description (Timeline, occurrence, and individuals involved)			
Remedies/Actions (Management Use)			
<input type="checkbox"/> Revision of Policies	<input type="checkbox"/> Done/Initials _____	<input type="checkbox"/> Verified/Approved Date _____	Initials _____
<input type="checkbox"/> Retraining	<input type="checkbox"/> Done/Initials _____	<input type="checkbox"/> Verified/Approved Date _____	Initials _____
<input type="checkbox"/> Notification to client	<input type="checkbox"/> Done/Initials _____	<input type="checkbox"/> Verified/Approved Date _____	Initials _____
<input type="checkbox"/> Notification to NAID	<input type="checkbox"/> Done/Initials _____	<input type="checkbox"/> Verified/Approved Date _____	Initials _____
<input type="checkbox"/> Other (attach description _____)	<input type="checkbox"/> Done/Initials _____	<input type="checkbox"/> Verified/Approved Date _____	Initials _____
Additional Instructions			
Attach a written description of the activities and measures taken associated with each item checked above.			
Incident Log Record			
Date Recorded: _____	Recorded by: _____	Completion verified: _____	Date filed: _____

