

Client Data Risk Incident Report # _____

Information			
Employee Name: _____	Title: _____		
Date of Incident: _____	Date Reported: _____		
Supervisor Name: _____	Review Date: _____		
Incident Location			
Affected Clients:		Contact:	
		Contact:	
		Contact:	
<input type="checkbox"/> Additional clients listed on attached addendum		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: