Reclamation Manual
Directives and Standards

Controlled Unclassified Information

DI-4009 (8/2017)

U.S. Department of the Interior
Privacy Breach Reporting Form

Breach Reported By:					
Name:	<<First>>	<<Last>>	**Supervisor:**	<First>	<Last>
Email:	<<Official Email>>		**Email:**	<<Official Email>>	
Phone:	<<Official Phone>>		**Phone:**	<<Official Phone>>	
Bureau/Office:			<<Bureau/Office>>		

Breach Summary

<<Do not include PII or sensitive information. Summarize the facts or circumstances of the theft, loss, or compromise of PII as currently known, including:
  a. A description of the parties involved in the breach;
  b. The physical or electronic storage location of the information at risk;
  c. If steps were immediately taken to contain the breach;
  d. Whether the breach is an isolated occurrence or a systematic problem;
  e. Who conducted the investigations of the breach, if applicable; and
  f. Any other pertinent information.>>

Date and Time of the Breach:	<<Time>>
Location of Breach:	<<Street Address>>

Type of Breach:			
Lost Information or Equipment		**Unauthorized Disclosure** (e.g., email sent to incorrect address, oral or written disclosure to unauthorized person, disclosing documents publicly with sensitive information not redacted)	
Stolen Information or Equipment		**Unauthorized Access** (e.g., an unauthorized employee or contractor accesses information or an information system)	
Unauthorized Equipment (e.g., using an unauthorized personal device, server, or email account to store PII)		**Unauthorized Use** (e.g., employee with agency-authorized access to database or file accesses and uses information for personal purposes rather than for official purposes)	

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Storage Medium:			
Laptop or Tablet		**Smartphone**	
Desktop		**Paper Files**	
External Storage Device (e.g., CD, DVD, USB Drive, etc.)		**Internet Disclosure**	
IT System (Intranet/Shared Drive)		**Oral Disclosure**	
Email:		<<Provide email address and note the agency, cloud server, personal, private>>	
Other:		<<Provide a detailed description of the medium>>	

Number of Individuals and Safeguards	
Number of individuals potentially affected by the breach?	<<####>
Was the information unstructured? (e.g., open fields on a form or survey)	
Was the information encrypted? (complies with NIST FIPS 140-2 standards)	
Does a duplicate set of the potentially compromised information exist?	

Additional Information	
Internal breach (e.g., within the DOI network), external, both, or unknown?	
What countermeasures, if any, were enabled when the breach occurred?	
<< e.g., calling or sending separate email(s) to recipient(s) of an unauthorized email to request deletion of original email, contacting web publisher to remove documents from public website, etc.>>	
Do you have knowledge that any information involved in the breach was intentionally stolen or misused?	
<<If yes, describe the basis for your knowledge and how the information may have been misused (e.g., evidence of identity theft, hacking, adverse publicity, etc.)>>	

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Specific Information/File Types		
☐ Taxpayer Information/Tax Return Information	☐ Law Enforcement Information	☐ Security Clearance/Background Check Information
☐ Civil/Criminal History Information/Police Record	☐ Academic and Professional Background Information	☐ Health Information
☐ Case Files	☐ Personnel Files	☐ Credit History Information
Other:		

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Data Elements and Information Types		
Identifying Numbers		
☐ Social Security Number	☐ Truncated or Partial Social Security Number	☐ Health Plan Beneficiary Number
☐ Driver's License Number	☐ License Plate Number	☐ Passport Number
☐ Tribal Enrollment Number	☐ File/Case ID Number	☐ Student ID Number
☐ Employee Identification Number	☐ Vehicle Identification Number	☐ Home Phone or Fax Number
☐ Personal Bank Account Number	☐ Personal Device Identifiers or Serial Numbers	☐ Personal Mobile Number
☐ Taxpayer Identification Number	☐ Professional License Number	☐ Business Bank Account Number (sole proprietor)
☐ Credit/Debit Card Number	☐ Business Credit Card Number (sole proprietor)	☐ Business Device Identifiers or Serial Numbers (sole proprietor)
Other:		
Biographical Information		
☐ Name (including nicknames)	☐ Alias (e.g., username or screen name)	☐ Sex
☐ Race	☐ Ethnicity	☐ Nationality
☐ Date of Birth (Day, Month, Year)	☐ Age	☐ Country of Birth
☐ Citizenship	☐ Immigration Status	☐ City or County of Birth
☐ Home Address	☐ Zip Code	☐ Marital Status
☐ Spouse Information	☐ Sexual Orientation	☐ Religion/Religious Preference

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☐ Group/Organization Membership	☐ Military Service Information	☐ Children Information
☐ Business Mailing Address (sole proprietor)	☐ Business Phone or Fax Number (sole proprietor)	☐ Global Positioning System (GPS)/Location Data
☐ Personal Email address	☐ Business Email address	☐ Mother's Maiden Name
☐ Personal Financial Information (including loan information)	☐ Business Financial Information (including loan information)	☐ Employment Information
☐ Education Information	☐ Resume or Curriculum Vitae	☐ Professional/Personal References
Other:		

Biometrics/Distinguishing Features/Characteristics		
☐ Fingerprints	☐ Palm Prints	☐ Vascular Scans
☐ Retina/Iris Scans	☐ Dental Profile	☐ Scars, Marks, Tattoos
☐ Hair Color	☐ Eye Color	☐ Height
☐ Video Recording	☐ Photos	☐ Voice/Audio Recording
☐ DNA Sample or Profile	☐ Signatures	☐ Weight
Other:		

Medical/Emergency Information		
☐ Medical/Health Information	☐ Mental Health Information	☐ Disability Information
☐ Worker's Compensation Information	☐ Patient ID Number	☐ Emergency Contact Information
Other:		

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