

# Reclamation Manual

## Directives and Standards

Controlled Unclassified Information

DI-4009 (8/2017)



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

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

<b>Breach Summary</b>			
<<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.>>			
<b>Date and Time of the Breach:</b>		<<Time>>	
<b>Location of Breach:</b>		<<Street Address>>	
<b>Type of Breach:</b>			
<b>Lost Information or Equipment</b>		<b>Unauthorized Disclosure</b> (e.g., email sent to incorrect address, oral or written disclosure to unauthorized person, disclosing documents publicly with sensitive information not redacted)	
<b>Stolen Information or Equipment</b>		<b>Unauthorized Access</b> (e.g., an unauthorized employee or contractor accesses information or an information system)	
<b>Unauthorized Equipment</b> (e.g., using an unauthorized personal device, server, or email account to store PII)		<b>Unauthorized Use</b> (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		
<input type="checkbox"/> Taxpayer Information/Tax Return Information	<input type="checkbox"/> Law Enforcement Information	<input type="checkbox"/> Security Clearance/Background Check Information
<input type="checkbox"/> Civil/Criminal History Information/Police Record	<input type="checkbox"/> Academic and Professional Background Information	<input type="checkbox"/> Health Information
<input type="checkbox"/> Case Files	<input type="checkbox"/> Personnel Files	<input type="checkbox"/> Credit History Information
Other:		

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

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

<input type="checkbox"/> Group/Organization Membership	<input type="checkbox"/> Military Service Information	<input type="checkbox"/> Children Information
<input type="checkbox"/> Business Mailing Address (sole proprietor)	<input type="checkbox"/> Business Phone or Fax Number (sole proprietor)	<input type="checkbox"/> Global Positioning System (GPS)/Location Data
<input type="checkbox"/> Personal Email address	<input type="checkbox"/> Business Email address	<input type="checkbox"/> Mother's Maiden Name
<input type="checkbox"/> Personal Financial Information (including loan information)	<input type="checkbox"/> Business Financial Information (including loan information)	<input type="checkbox"/> Employment Information
<input type="checkbox"/> Education Information	<input type="checkbox"/> Resume or Curriculum Vitae	<input type="checkbox"/> Professional/Personal References
Other:		
<b>Biometrics/Distinguishing Features/Characteristics</b>		
<input type="checkbox"/> Fingerprints	<input type="checkbox"/> Palm Prints	<input type="checkbox"/> Vascular Scans
<input type="checkbox"/> Retina/Iris Scans	<input type="checkbox"/> Dental Profile	<input type="checkbox"/> Scars, Marks, Tattoos
<input type="checkbox"/> Hair Color	<input type="checkbox"/> Eye Color	<input type="checkbox"/> Height
<input type="checkbox"/> Video Recording	<input type="checkbox"/> Photos	<input type="checkbox"/> Voice/Audio Recording
<input type="checkbox"/> DNA Sample or Profile	<input type="checkbox"/> Signatures	<input type="checkbox"/> Weight
Other:		
<b>Medical/Emergency Information</b>		
<input type="checkbox"/> Medical/Health Information	<input type="checkbox"/> Mental Health Information	<input type="checkbox"/> Disability Information
<input type="checkbox"/> Worker's Compensation Information	<input type="checkbox"/> Patient ID Number	<input type="checkbox"/> Emergency Contact Information
Other:		