



UNIVERSITY of  
ROCHESTER

## UNIVERSITY OF ROCHESTER PUBLIC SAFETY

### SATELLITE REPORT OF POSSIBLE INFORMATION BREACH

*Please print & use black ink*

Complete this form for incidents occurring at your location involving stolen or missing devices or files containing protected information. Fax the form to Public Safety at **(585) 275-0344**. Keep the original copy in a secure location for future reference and/or follow-up. If you have any questions or concerns about this form or the incident you are reporting, please call us at **(585) 275-3437**.

|        |                          | <b>PROTECTED INFORMATION REPORT</b> |     |                          |    |                          |        |                          |                  |                          |
|--------|--------------------------|-------------------------------------|-----|--------------------------|----|--------------------------|--------|--------------------------|------------------|--------------------------|
| Lost   | <input type="checkbox"/> | Protected Health Information        | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unsure | <input type="checkbox"/> | University Owned | <input type="checkbox"/> |
| Stolen | <input type="checkbox"/> | Private Information                 | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unsure | <input type="checkbox"/> | Personal         | <input type="checkbox"/> |
|        |                          |                                     | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unsure | <input type="checkbox"/> | Other            | <input type="checkbox"/> |

| <b>ITEM TYPE</b>                   |                          |                         |                          |      |                          |  |  |  |
|------------------------------------|--------------------------|-------------------------|--------------------------|------|--------------------------|--|--|--|
| Desk Top Computer/Work Station     | <input type="checkbox"/> | Laptop Computer         | <input type="checkbox"/> | PDA  | <input type="checkbox"/> |  |  |  |
| Cellular Phone (w/camera feature?) | <input type="checkbox"/> | Camera                  | <input type="checkbox"/> | iPod | <input type="checkbox"/> |  |  |  |
| External Hard Drive                | <input type="checkbox"/> | Hard Copy Records/Files | <input type="checkbox"/> | Palm | <input type="checkbox"/> |  |  |  |
| Jump or Flash Drive                | <input type="checkbox"/> | Blackberry              | <input type="checkbox"/> | Disc | <input type="checkbox"/> |  |  |  |
|                                    |                          | Other _____             | <input type="checkbox"/> |      |                          |  |  |  |

| <b>LIST EACH ITEM SEPARATELY</b> |       |       |
|----------------------------------|-------|-------|
| Make: _____                      | _____ | _____ |
| Model: _____                     | _____ | _____ |
| Serial #: _____                  | _____ | _____ |
| Color: _____                     | _____ | _____ |
| Value: _____                     | _____ | _____ |

|   |                               |
|---|-------------------------------|
| Location of Satellite Facility: _____                             | Date/Time of Reporting: _____ |
| Specific Location Where Incident Occurred: _____                  |                               |
| <b><u>Victim/Complainant Information:</u></b>                     |                               |
| Last Name: _____  | First Name: _____             |
| Business Address: _____   | Home Address: _____           |
| Business Phone: _____   | Alternate Phone: _____        |
| Relationship to University (Staff, Visitor, Patient, etc.): _____ |                               |
| Brief narrative of incident: _____                                |                               |
| _____   |                               |
| _____   |                               |
| <i>(Continue on separate sheet if necessary)</i>                  |                               |

|   |                 |   |                           |                      |
|---|-----------------|---|---------------------------|----------------------|
| Police Report:                            | (Y / N)         | If YES:   | Police Dept: _____        | Report Number: _____ |
| Witness Information:                      | (Y / N)         | If YES:   | Name/Address/Phone: _____ |                      |
| Suspect Information:                      | (Y / N)         | If YES:   | Name/Address/Phone: _____ |                      |
| Dollar Loss: UR _____                     | Personal: _____ | <i>(Itemize on separate sheet if necessary)</i> |                           |                      |
| Report Completed By (please print): _____ |                 |   |                           | Phone Number: _____  |
| Date/Time Faxed to UR Security: _____     |                 |   |                           |                      |

| <b>For University Public Safety Use Only</b> |                           |
|--|---------------------------|
| Public Safety Recipient: _____               | Date/Time Received: _____ |
| Incident Classification: _____               | Forwarded To: _____       |