INDIANA DATA BREACH NOTIFICATION FORM

OAG Form 1079 (R1 / 09-14)
Identity Theft Unit

OFFICE OF ATTORNEY GENERAL
Consumer Protection Division
Government Center South, 5th floor
302 W. Washington Street
Indianapolis, IN 46204
(317) 233-4393 – Fax

Name and Address of Entity or Person that owns or licenses the data subject to the breach			
Name			
Street Address	City	State	Zip Code
Submitted by	Title	Dated	
Firm Name and Address (*if different than entity*)		Telephone	
Email	Relationship to Entity whose information was compromised		

Type of Organization (*please select one*)

- ☐ State of Indiana Government Agency
- ☐ Other Government Entity
- ☐ Educational
- ☐ Health Care
- ☐ Financial Services
- ☐ Other Commercial
- ☐ Not-For-Profit
- ☐ Other – please specify

Number of Persons Affected	
Total (*Indiana Included*)	
Indiana Residents Only	

Dates		
Date Breach Occurred (*include start/end dates if known*)		
Date Breach Discovered		
Date Consumers Notified		

Reason for delay, if any, in sending notification

Description of Breach (*select all that apply*)

- ☐ Inadvertent disclosure
- ☐ Insider wrong-doing
- ☐ Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)
- ☐ External system breach (e.g. hacking)
- ☐ Other

Information Acquired (*select all that apply*)

- ☐ Social Security Number
- ☐ Name in combination with (*select all that apply*)
  - ☐ Driver's License Number
  - ☐ State Identification Number
  - ☐ Credit Card or Financial Account Information
  - ☐ Debit Card Number (*in combination with security code, access code, password or PIN for account*)

List dates of previous breach notifications (*within last 12 months*)

Manner of Notification to Affected Persons
Attach a copy of a sample notification letter
☐ Written
☐ Electronic (email)
☐ Telephone

Identity Theft Protection Service Offered		
☐ Yes	Duration	
☐ No	Provider	
Brief Description of Service:		

Since this breach, we have taken the following steps to ensure it does not reoccur (*attach additional pages if necessary*)

Any other information that may be relevant to the Office of Attorney General in reviewing this incident (*attach additional pages if necessary*)

SUBMIT