



# INDIANA DATA BREACH NOTIFICATION FORM

OAG Form 1079 (R0 / 09-13)  
Identity Theft Unit

OFFICE OF ATTORNEY GENERAL  
**Consumer Protection Division**  
Government Center South, 5<sup>th</sup> 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 (if different than entity)			Telephone
Email		Relationship to Entity whose information was compromised	

Type of Organization (please select one)		
<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Health Care	<input type="checkbox"/> Not-For-Profit
<input type="checkbox"/> Other Government Entity	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Other – please specify
<input type="checkbox"/> Educational	<input type="checkbox"/> Other Commercial	

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)	
<input type="checkbox"/> Inadvertent disclosure	<input type="checkbox"/> External system breach (e.g. hacking)
<input type="checkbox"/> Insider wrong-doing	<input type="checkbox"/> Other
<input type="checkbox"/> Loss or theft of device or media (e.g. computer, laptop, external hard drive, thumb drive, CD, tape)	

Information Acquired (select all that apply)	
<input type="checkbox"/> Social Security Number	<input type="checkbox"/> Name in combination with (select all that apply)
	<input type="checkbox"/> Driver's License Number <input type="checkbox"/> State Identification Number <input type="checkbox"/> State Identification Number
	<input type="checkbox"/> 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	Identity Theft Protection Service Offered	
<p><b>Attach a copy of a sample notification letter</b></p> <p><input type="checkbox"/> Written</p> <p><input type="checkbox"/> Electronic (email)</p> <p><input type="checkbox"/> Telephone</p>	<input type="checkbox"/> Yes	Duration
	<input type="checkbox"/> 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)**