



## INDIANA DATA BREACH NOTIFICATION FORM

OAG Form 1079 (Revised 08-20)  
Data Privacy and Identity Theft Unit

OFFICE OF ATTORNEY GENERAL  
Data Privacy and Identity Theft Unit  
Indiana Government Center South, 5 Floor  
302 W. Washington Street  
Indianapolis, IN 46204  
(317) 232-7979 – Fax

**INSTRUCTIONS:** 1. Please complete this form in its entirety.

2. Email your completed form to [DataBreach@atg.in.gov](mailto:DataBreach@atg.in.gov). A Hard copy is not necessary.
3. Be sure to include/submit a copy or sample of the notification to those affected.

### Section 1 – Information on Organization that Owns or Licenses the Data Subject to the Breach

Reporting Identity Filing Number	Organization Name			
Street Address		City	State	Zip Code

### Type of Organization (please select one)

<input type="checkbox"/> State of Indiana Government Agency	<input type="checkbox"/> Healthcare–Medical Providers	<input type="checkbox"/> Nonprofit Organization
<input type="checkbox"/> Other Government Agency	<input type="checkbox"/> Financial Services	<input type="checkbox"/> Retail or Merchant
<input type="checkbox"/> Educational	<input type="checkbox"/> Insurance Services	<input type="checkbox"/> Other – please specify
<input type="checkbox"/> Employer		

### Submitted By

Title	Contact Name	Firm Name and Address (if different from above)	
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Submitted Date ____/____/____	Telephone	Email	Relationship to Org
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### Are You Authorized to Accept Service for Entity?

<input type="checkbox"/> Yes	Name:
<input type="checkbox"/> No	Address:

Name:

Address:

Email:

Telephone:

### Section 2 – Information About the Breach

Report Type <input type="checkbox"/> Initial Breach Report <input type="checkbox"/> Addendum to Previous Report <input type="checkbox"/> N/A	Date(s) Breach Occurred (if known) ____/____/____ - ____/____/____	Date Incident Suspected/Discovered ____/____/____	Date Consumers Notified ____/____/____
Manner of Notification to Affected Persons <input type="checkbox"/> Written <input type="checkbox"/> Electronic (email) <input type="checkbox"/> Telephone <input type="checkbox"/> Website Other _____	Was a Law Enforcement Agency Notified Regarding the Breach?  <input type="checkbox"/> Yes, Agency Name and Contact Information _____  <input type="checkbox"/> No <input type="checkbox"/> N/A		

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## Section 2 Information About the Breach Continued...

Was Notification Delayed Because of Law Enforcement Investigation?  <hr/> <input type="checkbox"/> Yes, <i>Agency Name and Contact Information</i>	Breach Affecting  <input type="checkbox"/> N/A <input type="checkbox"/> Fewer than 500 individuals <input type="checkbox"/> 500-999 individuals <input type="checkbox"/> 1,000 or more individuals	
<input type="checkbox"/> No <input type="checkbox"/> N/A		
Number of Persons Affected  Total (including Indiana): _____ Number of Indiana Residents Only: _____	Were Credit Reporting Agencies Notified?  <input type="checkbox"/> Yes ( <i>specify</i> ): _____  <input type="checkbox"/> No	
Location of Breached Information  <input type="checkbox"/> None <input type="checkbox"/> Laptop <input type="checkbox"/> Desktop Computer <input type="checkbox"/> Email <input type="checkbox"/> Network Server <input type="checkbox"/> Other Electronic Device ( <i>specify</i> ): _____	Type of Breach  <input type="checkbox"/> Inadvertent Disclosure <input type="checkbox"/> Stationary Device <input type="checkbox"/> Insider Wrong-doing <input type="checkbox"/> External System (e.g. hacking or malware) <input type="checkbox"/> Physical Loss <input type="checkbox"/> Email Phishing <input type="checkbox"/> Portable Device <input type="checkbox"/> Payment Card Fraud <input type="checkbox"/> Other ( <i>specify</i> ): _____	
Type of Personal Information Involved in the Breach ( <i>select all that apply</i> )  <input type="checkbox"/> None <input type="checkbox"/> Name <input type="checkbox"/> Social Security Number <input type="checkbox"/> Address <input type="checkbox"/> Driver's License/State ID Number <input type="checkbox"/> Email <input type="checkbox"/> Date of Birth <input type="checkbox"/> Payment Card Information <input type="checkbox"/> Financial Account Information <input type="checkbox"/> Protected Health Information <input type="checkbox"/> Insurance <input type="checkbox"/> Passport <input type="checkbox"/> Dependent(s) <input type="checkbox"/> Tax Information  <input type="checkbox"/> Other ( <i>specify</i> ): _____		
Substitute Notice Given?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Was Media Notice Given?  <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Identity Theft Protection Service Offered?  <input type="checkbox"/> Yes Duration: Provider: Brief Description of Service: <input type="checkbox"/> No
List Dates of Previous Breach Notifications ( <i>within last 12 months</i> )  Date(s):  Attorney General Matter # ( <i>if known</i> ):		Have You Submitted Breach Notifications Older than the Previous 12 Months?  <input type="checkbox"/> Yes <input type="checkbox"/> No

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**Reason for Delay, if any, in Sending Notifications to Consumer and/or Office of Attorney General?**

**Brief Description of the Breach and Any Other Information that May Be Relevant to the Office of Attorney General in Reviewing this Incident**

**Since this Breach, List Any Steps Taken to Ensure it Does Not Reoccur**