



## UNIVERSITY OF ROCHESTER SECURITY SERVICES

### 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 Security 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**.

#### PROTECTED INFORMATION REPORT

Lost   
Stolen

Protected Health Information Yes  No  Unsure   
Private Information Yes  No  Unsure

University Owned   
Personal   
Other

#### ITEM TYPE

|   |  |                               |
|---|--|-------------------------------|
| 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"/>             |                               |

#### LIST EACH ITEM SEPARATELY

|                 |       |       |
|-----------------|-------|-------|
| Make: _____     | _____ | _____ |
| Model: _____    | _____ | _____ |
| Serial #: _____ | _____ | _____ |
| Color: _____    | _____ | _____ |
| Value: _____    | _____ | _____ |

Location of Satellite Facility: \_\_\_\_\_ Date/Time of Reporting: \_\_\_\_\_

Specific Location Where Incident Occurred: \_\_\_\_\_

**Victim/Complainant Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
 Relationship to University (Staff, Visitor, Patient, etc.): \_\_\_\_\_

Brief narrative of incident: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*(Continue on separate sheet if necessary)*

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: \_\_\_\_\_ *(Itemize on separate sheet if necessary)*

Report Completed By (please print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date/Time Faxed to UR Security: \_\_\_\_\_

#### For University Security Use Only

Security Staff Recipient: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

Incident Classification: \_\_\_\_\_ Forwarded To: \_\_\_\_\_