

# PERSONAL DATA BREACH NOTIFICATION

\* When filling out the form, do not include any personal data subject to breach in this form.

## A) ABOUT YOU

**1. Title / name of the data controller:**

**2. Address of the data controller:**

**3. The person who prepared this statement on behalf of the data controller:**

(In case this notification is filled / sent on behalf of the data controller by another natural or legal person

Attach the supporting documents (contract, power of attorney, etc.)

Name and surname :

Position / Title:

Email:

Phone :

Address:

## B) ABOUT THE BREACH

**4. Notification type:**  First notification  Tracking notification // Tracking No: .....

**5. Commencement date and time of the breach:** DD / MM / YYYY - HH: DD

**6. Termination date and time of the breach:** DD / MM / YYYY - HH: MM

**7. Date and time of detecting breach:** DD / MM / YYYY - HH: DD

**8. If the breach is reported to the data controller by the data processor** (Letter, e-mail message, etc. Please send the documents in the attachment of this notification.)

The title / name of the data processor:

Address of the data processor:

Date and time of detection of the data processor: DD / MM / YYYY - HH: DD

Date and time reported by the data processor to the data controller: DD / MM / YYYY - HH:DD

**9. Provide information about the source of the breach and how it happened.**

(If there are more than one matching option, tick all of them)

Document / device theft or loss

Storage of data in unsafe environments

Sabotage

Accident / Neglect

Cyber attack

Malware

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- Social engineering
- Denial of service (DoS-DDoS)
- Ransomware
- Password attack (Brute-Force Attack)
- Other

Explain your answer in detail:

**10. State the effect of breach.** (If there are more than one matching option, tick all of them)

- Data privacy
- Data integrity
- Data access / accessibility

Detail your answer:

**11. Provide information about how the breach was detected.** (If available, please send supporting documents attached to this notification.)

**12. Categories of personal data affected by the breach** (If there are more than one matching option, tick all of them)

Personal Data	Special Categories of Personal Data
<input type="checkbox"/> Identity	<input type="checkbox"/> Race and Ethnicity
<input type="checkbox"/> Contact	<input type="checkbox"/> Political Thought
<input type="checkbox"/> Location	<input type="checkbox"/> Philosophical Belief, Religion, Sect and Other Beliefs
<input type="checkbox"/> Personality	<input type="checkbox"/> Disguise and Dress
<input type="checkbox"/> Legal Action	<input type="checkbox"/> Association Membership
<input type="checkbox"/> Customer Transaction	<input type="checkbox"/> Foundation Membership
<input type="checkbox"/> Physical Space Security	<input type="checkbox"/> Union Membership
<input type="checkbox"/> Transaction Security	<input type="checkbox"/> Health Information
<input type="checkbox"/> Risk Management	<input type="checkbox"/> Sexual Life
<input type="checkbox"/> Finance	<input type="checkbox"/> Criminal Convictions and Security Measures
<input type="checkbox"/> Professional Experience	<input type="checkbox"/> Biometric Data
<input type="checkbox"/> Marketing	<input type="checkbox"/> Genetic Data
<input type="checkbox"/> Visual and Audio Records	
<input type="checkbox"/> Other	

Detail your answer:

**13. Number of people and records affected by the breach**

Number of People:

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Registration Number of Individuals:

(If the Number of Person and / or Enrollment is Estimated, explain why the exact numbers could not be determined.)

**14. Relevant groups of people affected by the breach and their effects** (If there are more than one matching option, tick all of them)

Related Person Groups	Effects on Related Persons
<input type="checkbox"/> Employees	<input type="checkbox"/> Loss of control over personal data
<input type="checkbox"/> Users	<input type="checkbox"/> Identity theft
<input type="checkbox"/> Subscribers / Members	<input type="checkbox"/> Discrimination
<input type="checkbox"/> Students	<input type="checkbox"/> Restriction of rights
<input type="checkbox"/> Customers and potential customers	<input type="checkbox"/> Fraud
<input type="checkbox"/> Patients	<input type="checkbox"/> Financial loss
<input type="checkbox"/> Children	<input type="checkbox"/> Loss of reputation
<input type="checkbox"/> Adults in need of protection	<input type="checkbox"/> Loss of security of personal data
<input type="checkbox"/> Not yet known	<input type="checkbox"/> Other (Please specify):
<input type="checkbox"/> Other (Please specify):	

## C) NOTICE

**15. If 72 hours have passed since the date of determination in the notification to the Board, what is/are the reason(s) for the late notification**

(Only valid for first notifications.)

**16. Have the relevant persons been notified of breaches?**

- Yes, affected persons were notified.
- Relevant people are currently notified.
- No, but to be notified

Detail your answer:

**17. Date of notification made / to be made to relevant persons: DD / MM / YYYY**

**18. Please provide detailed information about the method of notification / to be made to the relevant persons.**

(If available, send a copy of the notification sample in the attachment of this notification.)

**19. Indicate the communication ways that will enable the relevant persons to receive information about the data breach.**

(Internet address, call center, etc. information)

**20. Have other domestic organizations or institutions been informed about the breach, or**

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**do you think to give** (Eg police, other inspection or surveillance institutions. you may need to contact.)

Yes  No

If you selected the Yes option, please explain:

(Submit a copy of the relevant documents as an attachment to this notification.)

## 21. Other data protection authorities or related institutions abroad regarding breaches.

Is information given or do you intend to provide it? (E.g. police, other control or surveillance institutions)

Yes  No

If you selected the Yes option, please explain:

(Submit a copy of the relevant documents as an attachment to this notification.)

## C) POSSIBLE RESULTS

### 22. Possibility of exposure to significant adverse effects by the persons concerned due to the breach

(How much potential impact does it cause on those concerned in determining the level of data breach occurred? This should be evaluated. In the assessment of the potential impact in question, categories like the nature of the breach, the reason, the type of data subject to the breach, the measures taken to reduce the impact of the breach and the person affected by the breach should be considered.)

Effect	Description
<input type="checkbox"/> Very High	Interested persons are difficulties they cannot overcome and irreversible
<input type="checkbox"/> High	(Cessation of work, prolonged psychological or physical discomfort, death, etc.) Relevance people are serious, they must overcome despite difficulties. (Financial damage, loss of business, criminal investigation, worsening of health, etc.)
<input type="checkbox"/> Medium	Interested people can overcome despite difficulties (Excessive effort, additional cost, stress, small physical ailments, etc.)
<input type="checkbox"/> Low	Persons with minor negativities they can overcome they may face (too much time, boredom, etc.)
<input type="checkbox"/> Not yet known	

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## 23. The effects of the breach on your organization

Effect	Description
<input type="checkbox"/> Very High	Loss of ability to provide any kind of service.
<input type="checkbox"/> High	Loss of ability to deliver High Value services.
<input type="checkbox"/> Medium	Loss and lack of control in the delivery of some services.
<input type="checkbox"/> Low	No loss of efficiency and control
<input type="checkbox"/> Unknown	

## D) PRECAUTIONS

**24. What are the trainings received by employees related to breaches in the last year? (If any**

send the documents in the attachment of this notification.)

**25 To prevent such breaches, the technical and administrative measures.** (If available, send the supporting documents in the attachment of this notification.)

Technical Measures:

...

...

Explanation :

Administrative Measures:

...

...

Explanation :

**26. State the technical and administrative measures you have taken or planned to take after the infringement and provide information about when these will be completed.**

(State the measures you have taken to solve the problem and eliminate its negative effects; for example destruction of data sent by mistake, ensuring the security of passwords, data security training planning etc. Also, send the supporting documents of these measures, if any, in the attachment of this notification.)

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## ANNEX 1- DATA BREACH REPORT FORM GUIDE

1. If this is the first notification, you can send the filled out form to "Breach of personal data" send it with an e-mail attachment with the subject "notification". (The form and its attachments you send by e-mail. Do not forget that you are responsible for delivering it to our Institution safely.)

2. If this is a follow-up notification, please attach this form to the e-mail we sent in the first notification. (Leave the subject line in the e-mail as it is, so that your tracking notification will be sent to your event can be added.)

3.If you want to send this form by mail, you can send it to our address specified below.

Personal Data Protection Authority Nasuh Akar Mahallesi Ziyabey Cad. 1407. Sok. No: 4, 06520 Cankaya / Ankara

4. Documents supporting the information included in the form, if any (Examination report, Do not forget to add documents proving the notification, etc.)

5.Personal Data dated 24.01.2019 and numbered 2019/10 to determine the next step you will take, we recommend that you read the Protection Board Decision.

6. If you need help filling out this form, please contact: ALO DATA PROTECTION 198.

You can reach our helpline.