

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
PRIVACY MANAGEMENT

PRIVACY INCIDENT / COMPLAINT SUMMARY REPORT

To be completed by the Privacy Officer or Designee

For Complaint / Incident Reported on Date: _____		
Concerning:		
RESPONSE to COMPLAINT/ INCIDENT:		
Privacy Violation Identified: ___ YES ___ NO	Level: I II III NA	
Type of Violation:		
STATEMENTS / INPUT FROM WITNESSES ATTACHED:		
NAME:	NAME:	
NAME:	NAME:	
NAME:	NAME:	
SANCTIONS COMMITTEE CONVENED ON: _____ Notes Attached _____		
RECOMMENDATION FOR CORRECTIVE ACTION:		
RECOMMENDATION FOR DISCIPLINARY ACTION:		
RECOMMENDATION FOR MITIGATION:		
OTHER NOTES:		
OTHER ATTACHMENTS:		
INVESTIGATION COMPLETED:	REPORTING COMPLETED:	CLOSED:
Completed by: _____ Date: _____		

UNIVERSITY OF FLORIDA
INFORMATION PRIVACY POLICIES & PROCEDURES
PRIVACY MANAGEMENT

PRIVACY INCIDENT / COMPLAINT FOLLOW UP REPORT

To be completed by the Privacy Officer or Designee

Follow up for Complaint / Incident Reported on Date: _____	
Concerning:	
Follow up contact was made: ___ By Letter ___ In Person ___ By Telephone ___ By E-Mail Other: _____	
With (Name):	College/Dept./Div/Clinic/Other Unit
Title:	Phone Number(s)
STATEMENTS / INPUT FROM CONTACT IN RESPONSE to COMPLAINT/ INCIDENT:	
NOTES / COMMENTS:	
Completed by: _____ Date: _____	