



KIRINYAGA UNIVERSITY

DATA BREACH REPORTING FORM

1. Reporter

Name: -----

Dept: -----

Contact: -----

2. Incident

Date: -----

Discovered: -----

System: -----

3. Description

4. Data Type

Personal Sensitive Financial Other

5. Affected Persons

6. Cause

Human System Attack Other

7. Actions Taken

8. Risk Level

Low Medium High Critical

9. Reported to DPO

Yes No Time: _____

10. Declaration

Information is accurate.

Signature: _____

Date: _____