

PERSONAL DATA BREACH REPORT

A) ABOUT YOU

- 1 Name/Trade Name of Data Controller:
- 2 Registered Address of Data Controller:
- 3 Following information of the person making this report:
Name and Surname:
Title:
E-mail:
Phone:

B) ABOUT THE BREACH

- 1 Report Type: Initial Report Follow-up Report:
(Please add the reference number for follow-up reports, if any)
- 2 Date and time of the breach:
- 3 Discovery date and time of the breach:
- 4 Please provide information about the breach:
- 5 Source of the breach *(Tick all that apply)*
 - Transfer of personal data to unintended recipients
 - Theft of document/device or loss
 - Storage of data in insecure platforms
 - Malware
 - Social Engineering
 - Sabotage
 - Accident / Negligence

 - Other (Please give details):
- 6 Categories of data subjects affected *(Tick all that apply)*

| <i>Personal Data</i> | <i>Sensitive Personal Data</i> |
|--|--|
| <input type="checkbox"/> Identity | <input type="checkbox"/> Racial or Ethnic Origin |
| <input type="checkbox"/> Contact | <input type="checkbox"/> Political Opinion |
| <input type="checkbox"/> Location | <input type="checkbox"/> Philosophical Belief, Religion, Religious Sect or Other Beliefs |
| <input type="checkbox"/> Personnel file (<i>Özlük</i>) | <input type="checkbox"/> Appearance (<i>kılık kıyafet</i>) |
| <input type="checkbox"/> Legal Transaction | <input type="checkbox"/> Association Membership |
| <input type="checkbox"/> Customer Transaction | <input type="checkbox"/> Foundation Membership |
| <input type="checkbox"/> Physical Environment Security | <input type="checkbox"/> Trade Union Membership |
| <input type="checkbox"/> Transaction Security | <input type="checkbox"/> Health Data |
| <input type="checkbox"/> Risk Management | <input type="checkbox"/> Sex Life |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Criminal Conviction and Offences |
| <input type="checkbox"/> Work Experience | <input type="checkbox"/> Biometric Data |
| <input type="checkbox"/> Marketing | <input type="checkbox"/> Genetic Data |
| <input type="checkbox"/> Audio and Visual Records | |

Other (Please give details):

7 Estimated number of data subjects and personal data records affected by the breach:

Estimated Number of Data Subjects:

Estimated Number of Personal Data Records:

8 Categories of data groups affected and consequences

(Tick all that apply)

Data Subject Groups

- Employees
- Users
- Subscribers/ Members
- Students
- Customers and prospective Customers
- Patients
- Children
- Vulnerable adults
- Not yet known

Effects on Data Subjects

- Loss of Control on Personal Data
- Identity theft
- Discrimination
- Limitation of Rights
- Fraud
- Financial Loss
- Loss of Reputation
- Loss of Personal Data Security

Other (Please give details):

9 If there has been a delay in reporting this breach, please explain why.

(For initial reports only)

C) POTENTIAL CONSEQUENCES

1. Give information on the potential consequences of the breach.
(Describe possible impacts of the breach on related data subjects. State if there has been any actual harm to data subjects.)

2. The likelihood that related data subjects will experience significant negative consequences as a result of the breach*

- High
- Medium
- Low

Not yet known (Please give details):

3. Impacts of the breach on your organization

| <i>Effect</i> | <i>Explanation</i> |
|--|--|
| <input type="checkbox"/> High | You have lost the ability to provide all critical services to all users. |
| <input type="checkbox"/> Medium | You have lost the ability to provide a critical service to some users. |
| <input type="checkbox"/> Low | There is no loss of efficiency, or a low loss of efficiency, and you can still provide all critical services to all users. |
| <input type="checkbox"/> Not yet known | |

4. Information related to recovery time

| | |
|--|---|
| <input type="checkbox"/> Regular | You can predict your recovery time, with existing resources. |
| <input type="checkbox"/> Supplemented | You can predict your recovery time with additional resources. |
| <input type="checkbox"/> Extended | You cannot predict your recovery time, and need extra resources. |
| <input type="checkbox"/> Not recoverable | Recovery time from the incident is not possible (e.g. backups are destroyed). |
| <input type="checkbox"/> Complete | Recovery is complete. |

D) CONSEQUENCES PECULIAR TO CYBER INCIDENT, IF ANY

1. Have your information systems been affected by the cyber incident?

- Yes
- No

2. If you answered yes, please specify the type of breach experienced after the cyber incident. (Tick all that apply)

- Confidentiality
- Availability
- Integrity
- Other (Please give details):

3. The impacts of cyber incidents on your organization

| <i>Effect</i> | <i>Explanation</i> |
|--|--|
| <input type="checkbox"/> High | You have lost the ability to provide all critical services via information systems to all users. |
| <input type="checkbox"/> Medium | You have lost the ability to provide all critical services via information systems to some users. |
| <input type="checkbox"/> Low | There is no loss of efficiency, or a low loss of efficiency, and you can still provide all critical services via information systems to all users. |
| <input type="checkbox"/> Not yet known | |

4. Information related to recovery time

| | |
|--|---|
| <input type="checkbox"/> Regular | You can predict your recovery time, with existing resources. |
| <input type="checkbox"/> Supplemented | You can predict your recovery time with additional resources. |
| <input type="checkbox"/> Extended | You cannot predict your recovery time, and need extra resources. |
| <input type="checkbox"/> Not recoverable | Recovery time from the incident is not possible (eg backups are destroyed). |
| <input type="checkbox"/> Complete | Recovery is complete. |

E) MEASURES

1. Had the staff member involved in this breach received data protection training in the last one year?

- Yes No

2. Describe any administrative and technical measures you had in place before the breach with the aim of preventing a breach of this nature.

3. Describe the administrative and technical measures you have taken or plan to take, as a result of the breach. *(Specify actions you have taken to fix the problem and to mitigate any adverse effects; e.g. destroying data sent in error, providing security of passwords, planning information security training etc.)*

4. Outline any steps you have taken to prevent a recurrence and when you expect them to be completed.

5. Have you told data subjects about the breach?

- Yes, we've told affected data subjects.
 We are about to, or are in the process of telling data subjects
 No, they are already aware
 No, but they will be told

Other (Please give details):

6. Give detailed information on the methods of notice made or to be made to related data subjects

7. Name-surname and contact information of the person providing information to related data subjects on the breach or website address of data controller

8. Have you told, or are you planning to tell any other organizations or agencies located in Turkey about the breach? *(Eg the police, other regulators or supervisory authorities. You may need to make contact with other agencies. You may need to contact other authorities.)*

- Yes
 No

If you answered yes, please specify

9. Have you told, or are you planning to tell any other data protection authorities or related agencies abroad about the breach? *(Eg the police, other regulators or supervisory authorities)*

- Yes
 No

If you answered yes, please specify

ANNEX 1- DATA BREACH REPORT FORM GUIDE

1. If this is your initial report, please send your completed form to ihlalbildirimi@kvkk.gov.tr, with “Personal Data Breach Notification” in the subject field. (Please do not forget that you are responsible for the security of forms and any attachments sent by e-mail and their safe delivery to our Board.)
2. If this is a follow-up report, please attach this form to our reply e-mail you in the initial report. (Please leave the subject line is, so that your follow-up report is added to your case.)
3. If you prefer to send by post, send it to the following address.

Kişisel Verileri Koruma Kurumu Nasuh Akar Mahallesi 1407. Sok. No:4, 06520 Balgat-Çankaya / Ankara
4. Do not forget to attach any supporting document(s) supporting the information provided in the report (Analysis report, documents proving notifications to related data subjects etc.)
5. If your report relates to an existing case, it will be added to such case for the information of persons dealing with your case.
6. We advise you to read Personal Data Protection Board Resolution dated 24.01.2019 and numbered 2019/10 to determine the steps you should take.
7. If you need any help completing this form, you may contact our helpline on DATA PROTECTION LINE 198.

**Related Question*

Explanation

| | |
|---|---|
| <p>1. The likelihood that related data subjects will experience significant negative consequences as a result of the breach</p> | <p>When determining level of the breach, its potential effect on related data subjects must be evaluated. For the purpose of evaluating such potential effect, characteristics of the breach, its reason, type of data subjected to the breach, measures taken to mitigate the effects of the breach and categories of affected data subjects should be taken into consideration.</p> <p>The following explanations must be regarded when determining the risk level:</p> <p>Low Risk: The breach does not cause any adverse effect on data subjects, or the level of this effect is negligible.</p> <p>Medium Risk: The breach may cause adverse effects on data subjects but these effects are not significant.</p> <p>High Risk: The breach causes significant adverse effects on the affected data subjects.</p> |
|---|---|