

# COUNTY COLLEGE OF MORRIS

## IDENTITY THEFT DETECTION / BREACH OF PERSONAL INFORMATION REPORTING FORM

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### INSTRUCTIONS:

College department heads shall report incidents of identity theft (including attempts of identity theft) as well as a breach of security involving personal information by completing Sections I and II of this form. The completed form shall be forwarded to the Director of Budget and Compliance.

Note: This is an administrative report. Do not include this report in any student, employee, donor, or vendor file.

Please use attachments as necessary to fully document the incident.

### SECTION I – GENERAL INFORMATION

Name of individual reporting incident: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Phone number: \_\_\_\_\_

### SECTION II – INCIDENT INFORMATION

Date/time of incident discovery: \_\_\_\_\_

Individual name(s) whose identifying information was compromised or attempted to be compromised:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify who the individuals listed above are:

Student  Employee  Donor  Vendor  Other \_\_\_\_\_

(Please specify)

Identifying information which was compromised and/or attempted to be compromised:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Description of incident (Please be specific and state the facts):

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What action has been taken to mitigate further access to the above individual(s) indentifying information?

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Do you have any information on a suspect who attempted to take or took the indentifying information? If so, please provide as much information as possible about the suspect, including the suspect's full name, phone number and address, etc.

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Signature / Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Individual reporting the incident)

Forward completed form and all attachments in confidence to:

Director of Budget & Compliance  
201D Henderson Hall