**Form for reporting suspicion of privacy violation:**

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| Reporting person |
| Name, surname, email |  |
| Workplace (department, faculty) |  |
| Immediate superior |  |
| Incident |
| Type of privacy violation: | [ ]  unauthorized access [ ] single[ ]  loss of data carrier [ ] repeated[ ]  accidental destruction[ ]  other (describe) |
| Estimated number of data subjects involved: \* |  |
| Estimated number of personal data records concerned: \* |  |
| Description of possible consequences of violation: |  |
| Date of discovery: |  |
| Date of reporting to DPO: |  |

\* If you do not know, write "I do not know"

Please send the completed form to: Data Protection Officer, Masaryk University, Žerotínovo nám. 617/9, 601 77 Brno, poverenec@muni.cz