

Personal Data Breach Notification

* When filling out the form, do not include any personal data that is subject to the breach.

A) ABOUT YOU

1. **Title / name of the Data Controller :**

2. **Address of the Data Controller :**

3. **The person preparing this notification on behalf of the Data Controller:**

(If this notification is filled in / sent by another natural or legal person on behalf of the data controller, attach the supporting documents (contract, power of attorney, etc..))

Name and surname:

Position / Title :

E-mail :

Phone :

Address :

B) ABOUT DATA BREACH

4. **Notification Type** : Initial notification Follow-up notification Reference Number

5. **Beginning Date and Time of the Data Breach** : DD/MM/YYYY - HH:MM

6. **Ending Date and Time of the Data Breach** : DD/MM/YYYY - HH:MM

7. **Detection Date and Time of the Data Breach** : DD/MM/YYYY - HH:MM

8. **If the breach has been notified to the data controller by the data processor** (Send supporting documents such as text, e-mail messages, etc. in the annex of this notification.)

Title / name of the data processor :

Address of the data processor :

Date and time of the data processor's detection : DD / MM / YYYY - HH:

MM

Date and time that the data processor notifies to the data controller: DD / MM / YYYY - HH:

MM

9. **Give information about the source of the data breach and how it happened.**

(If there are multiple matching options, tick more than one box)

- | | |
|---|---|
| <input type="checkbox"/> Document / device theft or loss | <input type="checkbox"/> Cyber Attack |
| <input type="checkbox"/> Storage of data in unsafe environments | <input type="checkbox"/> Malware |
| <input type="checkbox"/> Sabotage | <input type="checkbox"/> Social engineering |
| <input type="checkbox"/> Accident / Neglect | <input type="checkbox"/> Denial of Service (DoS-DDoS) |
| <input type="checkbox"/> Other | <input type="checkbox"/> Ransomware |
| | <input type="checkbox"/> Brute-Force Attack |
| | <input type="checkbox"/> Other |

Explain your answer in detail:

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10. **Security criteria affected from the data breach.** (If there are multiple matching options, tick more than one box)

<input type="checkbox"/> Data confidentiality	<input type="checkbox"/> Data integrity	<input type="checkbox"/> Data availability / accessibility
Elaborate your answer:		

11. **Provide information on how the data breach was detected.** (If applicable, send the supporting documents annexed to this notification.)

12. **Categories of personal data affected by the data breach** (tick all if there are multiple matching options)

Personal Data	Special categories of personal data
<input type="checkbox"/> Identity <input type="checkbox"/> Contact <input type="checkbox"/> Location <input type="checkbox"/> Personality <input type="checkbox"/> Legal action <input type="checkbox"/> Customer Transaction <input type="checkbox"/> Physical Space Security <input type="checkbox"/> Transaction Security <input type="checkbox"/> Risk Management <input type="checkbox"/> Finance <input type="checkbox"/> Professional Experience <input type="checkbox"/> Marketing <input type="checkbox"/> Visual and Audio Records <input type="checkbox"/> Other	<input type="checkbox"/> Race and Ethnic Origin <input type="checkbox"/> Political Opinion <input type="checkbox"/> Philosophical Belief, Religion, Religious Sect and Other Beliefs <input type="checkbox"/> Appearance <input type="checkbox"/> Association Membership <input type="checkbox"/> Foundation Membership <input type="checkbox"/> Trade-Union Membership <input type="checkbox"/> Data Concerning Health <input type="checkbox"/> Sexual Life <input type="checkbox"/> Criminal Convictions and Security Measures <input type="checkbox"/> Biometric Data <input type="checkbox"/> Genetic Data
Elaborate your answer:	

13. **Number of persons and records affected by the data breach**

Number of Persons :	Number of Personal Records :
(If the number of persons and / or records are estimated, please explain why the exact numbers cannot be determined.)	

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14. **Data subject groups affected by the data breach and effects on them** (tick all if there are multiple matching options)

Data Subject Groups	Impact on Data Subjects
<input type="checkbox"/> Staff <input type="checkbox"/> Users <input type="checkbox"/> Subscribers / Members <input type="checkbox"/> Students <input type="checkbox"/> Customers and potential clients <input type="checkbox"/> Patients <input type="checkbox"/> Children <input type="checkbox"/> Vulnerable adults <input type="checkbox"/> Not yet known	<input type="checkbox"/> Loss of control over personal data <input type="checkbox"/> Identity theft <input type="checkbox"/> Discrimination <input type="checkbox"/> Restriction of rights <input type="checkbox"/> Fraud <input type="checkbox"/> Financial loss <input type="checkbox"/> Loss of reputation <input type="checkbox"/> Loss of security of personal data
<input type="checkbox"/> Other (Specify):	<input type="checkbox"/> Other (Specify):

C) NOTIFICATION TO THE BOARD

15. **If more than 72 hours have passed between detection and notification, explain why you did not notify in time** (Applies to initial notifications only)

16. **Has the breach been communicated to data subjects?**

<input type="checkbox"/> Yes, affected data subjects have been communicated. <input type="checkbox"/> We are in the process of communicating data subjects. <input type="checkbox"/> No, but to be communicated.
Elaborate your answer:

17. **Date of communication made / to be made to data subjects:** DD / MM / YYYY

18. **Provide detailed information about the method of communication to the data subjects.**
 (If applicable, send a copy of the communication sample as an attachment to this notification.)

19. **Indicate the types of communication methods that will enable the data subjects to obtain information about the data breach**
 (Internet address, call center, etc.)

20. **Has other domestic organizations or institutions been informed of the breach or are you planning to provide information to them?** (E.g. police, other inspection or surveillance institutions. You may need to contact other institutions.)
 Yes No

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If you have selected yes, explain:
(Please send a copy of the relevant documents annexed to this notification.)

21. **Has other data protection authorities or relevant institutions abroad been informed of the breach or are you planning to provide information to them?** (E.g. police, other inspection or surveillance institutions.)

Yes No

If you have selected yes, explain:
(Please send a copy of the relevant documents annexed to this notification.)

D) POTENTIAL CONSEQUENCES

22. **Possibility of significant adverse effects of data breach to data subjects**

(In determining the level of the data breach that has occurred, it is necessary to assess how much potential impact it has on the data subjects. In assessing the potential impact, the type of the breach, the cause of the breach, the type of data that has been breached, the measures taken to mitigate the impact of the breach, and the categories of data subjects affected by the breach should be considered.)

Severity of the Potential Impact	Description
<input type="checkbox"/> Very High	Data Subjects may encounter difficulties they cannot overcome and irreversible consequences (inability to work, long-term psychological or physical discomfort, death, etc.)
<input type="checkbox"/> High	The data subjects may face serious consequences that they have to overcome despite difficulties (financial damage, job loss, judicial proceeding, deterioration of health, etc.).
<input type="checkbox"/> Medium	The data subjects may face difficulties that they can overcome despite difficulties (Excessive effort, additional cost, stress, minor physical ailments, etc.)
<input type="checkbox"/> Low	The data subjects may face minor negativities that they can overcome (spending too much time, distress, etc.).
<input type="checkbox"/> Not yet known	

23. **Impacts of the breach on your organization**

Severity of the Potential Impact	Description
<input type="checkbox"/> Very High	Loss of the ability to provide all kinds of services.
<input type="checkbox"/> High	Loss of ability to provide critical services.

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<input type="checkbox"/> Medium	Loss of efficiency and lack of control while providing some services.
<input type="checkbox"/> Low	There is no loss of activity and control.
<input type="checkbox"/> Not yet known	

E) MEASURES

24. What are the trainings received by the employees involved in the violation in the last year? (If applicable, send the supporting documents annexed to this notification.)

25. Indicate the technical and organizational measures you have taken to prevent such breaches prior to the occurrence of the breach. (If applicable, send the supporting documents annexed to this notification.)

Technical Measures	Organizational Measures
<ul style="list-style-type: none">• ...• ...• ...	<ul style="list-style-type: none">• ...• ...• ...
Explanation :	

26. Indicate the technical and organizational measures you have taken or are planning to take after the breach and provide information on when they are expected to be completed. (Indicate the measures you have taken to solve the problem and eliminate its negative effects, for example, destruction of data that has been sent by mistake, securing passwords, planning data security training, etc., and send any supporting documents, if any, to this notice.)

Technical Measures	Organizational Measures
<ul style="list-style-type: none">• ...• ...• ...	<ul style="list-style-type: none">• ...• ...• ...
Explanation :	

ANNEX 1- DATA BREACH NOTIFICATION FORM GUIDE

1. If this is the initial notification, send the completed form to ihlalbildirimi@kvkk.gov.tr with an e-mail attachment on the subject of "Personal data breach notification (Please note that it is your responsibility to ensure that the forms and attachments you send by e-mail are securely sent to our Authority.)"
2. If this is a follow-up notification, attach this form to the attachment of the e-mail we sent in the first notification. (Leave the subject line in the e-mail as it is, so your follow-up notification can be added to your event.)
3. If you wish to send this form by post, please send it to our address below.

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Kişisel Verileri Koruma Kurumu Nasuh Akar Mahallesi Ziyabey Cad. 1407. Sok. No:4,
06520 Çankaya/Ankara

4. If applicable, do not forget to send the supporting documents with the form. (Analysis report, documents confirming notification to the data subjects, etc.)
5. We recommend that you read the Personal Data Protection Board Decision dated 24.01.2019 and numbered 2019/10 to determine your next step.
6. If you need help with filling out this form, you can contact our helpline on 198.