

Form for reporting suspicion of privacy violation:

| Reporting person                                       |   |
|--|---|
| Name, surname, email                                   |   |
| Workplace (department, faculty)                        |   |
| Immediate superior                                     |   |
| Incident   |   |
| Type of privacy violation:                             | <input type="checkbox"/> unauthorized access <input type="checkbox"/> single<br><input type="checkbox"/> loss of data carrier <input type="checkbox"/> repeated<br><input type="checkbox"/> accidental destruction<br><input type="checkbox"/> 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, University of South Bohemia in České Budějovice, Branišovská 1645/31a, 370 05 České Budějovice, [poverenec@jcu.cz](mailto:poverenec@jcu.cz)