North Carolina Security Breach Reporting Form
Pursuant to the Identity Theft Protection Act of 2005

Name of Business or Government Agency Owning or Licensing Information Affected by the Breach: _____

Address: _____
_____

Telephone: _____
Fax: _____
Email: _____

PLEASE SUBMIT FORM TO:
Consumer Protection Division
NC Attorney General's Office
9001 Mail Service Center
Raleigh, NC 27699-9001
Telephone: (919) 716-6000
Toll Free in NC: (877) 566-7226
FAX: (919) 716-6050

Date Security Breach Reporting Form submitted: _____

Date the Security Breach was discovered: _____

Estimated number of affected individuals: _____

Estimated number of NC residents affected: _____

Name of business or government agency maintaining or possessing information that was the subject of the Security Breach, if the agency that experienced the Security Breach is not the same entity as the agency reporting the Security Breach (pursuant to N.C.G.S. § 75-65(b): _____
_____

Describe the circumstances surrounding the Security Breach and state whether the information breached was in electronic or paper format: _____
_____

Regarding electronic information breached, state whether the information breached or potentially breached was password protected or encrypted in some manner. _____ If so, please describe the security measures protecting the information: _____
_____

Describe any measures taken to prevent a similar Security Breach from occurring in the future:_____
_____

Date affected NC residents were/will be notified: _____

If there has been any delay in notifying affected NC residents, describe the circumstances surrounding the delay pursuant to N.C.G.S. § 75-65(a) and (c)): _____
_____

If the delay was pursuant to a request from law enforcement pursuant to N.C.G.S. § 75-65(c), please include the written request or the contemporaneous memorandum.

How NC residents were/will be notified?
(pursuant to N.C.G.S. § 75-65(e))
Please attach copy of the notice if in written form or a copy of any scripted notice if in telephonic form.

- ☐ written notice
- ☐ electronic notice (email)
- ☐ telephone notice
- ☐ substitute notice

Signature: _____ Date:_____
Contact Person, Title: _____
Address: _____
(if different from above) _____
Telephone:_____Fax:_____Email:_____