



# Nebraska Data Breach Notification Form

Office of the Attorney General  
Consumer Protection Division  
2115 State Capitol Building  
Lincoln, NE 68509

**\*Notice to the Nebraska Attorney General's office is required by Neb. Rev. Stat. § 87-303(2)**

Name and address of entity or person that owns or licenses the data subject to the breach			
Name			
Address		City	State
Submitted by		Title	Dated
Firm Name and Address (if different than entity)			Telephone
Email		Relationship to Entity	

Type of organization <i>(select one)</i>		
<input type="checkbox"/> Government	<input type="checkbox"/> Health Care	<input type="checkbox"/> Religious/Charity/Nonprofit
<input type="checkbox"/> Financial Services/Insurance	<input type="checkbox"/> Educational	<input type="checkbox"/> Other – please specify:
<input type="checkbox"/> General Business	_____	

Number of persons affected	
Nebraska Residents	
Total (Nebraska Included)	

Dates	
Date(s) Breach Occurred	
Date Breach Discovered	
Date Consumers Notified	

Manner of notification to affected persons		
<b>Attach a copy of a sample notification letter</b>		
<input type="checkbox"/> Written	<input type="checkbox"/> Electronic (email)	<input type="checkbox"/> Telephone
<input type="checkbox"/> Substitute		

Reason for delay, if any, in sending notification

Type of breach (select all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Theft of computer or device            | <input type="checkbox"/> Phishing           | <input type="checkbox"/> Loss of computer, device, or media |
| <input type="checkbox"/> External systems breach (i.e. hacking) | <input type="checkbox"/> Insider wrongdoing | <input type="checkbox"/> Other – please specify:            |
| <input type="checkbox"/> Inadvertent disclosure                 |   | _____   |

Describe the circumstances surrounding the breach

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Information acquired (select all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Name   | <input type="checkbox"/> State identification card number | <input type="checkbox"/> Unique biometric data          |
| <input type="checkbox"/> Social Security number                           | <input type="checkbox"/> Account number                   | <input type="checkbox"/> Credit or debit card number    |
| <input type="checkbox"/> Driver’s license number                          | <input type="checkbox"/> Security code, access code, or   | <input type="checkbox"/> User name or email address, in |
| <input type="checkbox"/> Electronic identification number or routing code | password that would provide access to financial account   | combination with password or security question          |

Describe the security measures protecting the information

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Describe any measures taken to prevent a similar security breach from occurring in the future

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Attach additional pages if more space is needed to answer any of the questions.