# 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Submitted by</th>
<th>Title</th>
<th>Dated</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Firm Name and Address (if different than entity)</th>
<th>Telephone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Email</th>
<th>Relationship to Entity</th>
</tr>
</thead>
</table>

**Type of organization (select one)**

- □ Government
- □ Financial Services/Insurance
- □ General Business
- □ Health Care
- □ Educational
- □ Religious/Charity/Nonprofit
- □ Other – please specify: ____________________________

**Number of persons affected**

<table>
<thead>
<tr>
<th>Nebraska Residents</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total (Nebraska Included)</th>
<th>Number of persons affected</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Nebraska Residents</th>
<th>Nebraska Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date(s) Breach Occurred</td>
<td></td>
</tr>
<tr>
<td>Date Breach Discovered</td>
<td></td>
</tr>
<tr>
<td>Date Consumers Notified</td>
<td></td>
</tr>
</tbody>
</table>

**Manner of notification to affected persons**

- □ Written
- □ Electronic (email)
- □ Telephone
- □ Substitute

**Reason for delay, if any, in sending notification**

________________________________________________________________________________________________

________________________________________________________________________________________________

________________________________________________________________________________________________
**Type of breach (select all that apply)**

- □ Theft of computer or device
- □ External systems breach (i.e. hacking)
- □ Inadvertent disclosure
- □ Phishing
- □ Insider wrongdoing
- □ Loss of computer, device, or media
- □ Other – please specify: ________________________________

**Describe the circumstances surrounding the breach**

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

**Information acquired (select all that apply)**

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

**Describe the security measures protecting the information**

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

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

________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

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