

## A) ABOUT YOU

## B) ABOUT THE VIOLATION

1. Notification Type :

First notification

Follow-up notification:.....

*(Indicate the follow-up number, if any, in your follow-up notifications)*

2. Date and time of the realization of violation:

3. Date and time of the identification of violation:

4. Provide details about the violation.

5. Origin of violation *(If there are multiple applicable options, mark all of them)*

- Sending personal data to wrong recipients
- Theft or loss of document / device
- Storage of data in insecure environments
- Malicious software
- Social engineering
- Sabotage
- Accident / Negligence

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Other (Specify details about your response)

6. Personal data categories affected by violation

*(If there are multiple applicable options, mark all of them)*

### Personal Data

### Special Personal Data

<input type="checkbox"/> Identity <input type="checkbox"/> Communication <input type="checkbox"/> Location <input type="checkbox"/> Personal Rights <input type="checkbox"/> Legal Process <input type="checkbox"/> Customer Transaction <input type="checkbox"/> Security of Physical Place <input type="checkbox"/> Security of Transaction <input type="checkbox"/> Risk Management <input type="checkbox"/> Finance <input type="checkbox"/> Professional Experience <input type="checkbox"/> Marketing <input type="checkbox"/> Audio and Visual Records	<input type="checkbox"/> Race and Ethnicity <input type="checkbox"/> Political Thought <input type="checkbox"/> Philosophical Belief, Religion, Sect and Other Faiths <input type="checkbox"/> Appearance <input type="checkbox"/> Membership to Associations <input type="checkbox"/> Membership to Foundations <input type="checkbox"/> Membership to Unions <input type="checkbox"/> Health Information <input type="checkbox"/> Sexual Life <input type="checkbox"/> Criminal Conviction and Security Measures <input type="checkbox"/> Biometrical Data <input type="checkbox"/> Genetic Data
Other (Specify Details) :	

7. Estimated number of individuals and records affected by violation

Estimated number of individuals: ..... Estimated number of records: .....

8. Relevant individual groups affected by violation and effects *(If there are multiple applicable options, mark all of them)*

<i>Relevant individual groups</i>	<i>Effects on the Relevant Individuals</i>
<input type="checkbox"/> Employees <input type="checkbox"/> Users <input type="checkbox"/> Subscribers / Members <input type="checkbox"/> Students <input type="checkbox"/> Customers and potential customers <input type="checkbox"/> Patients <input type="checkbox"/> Children <input type="checkbox"/> Adults that need protection <input type="checkbox"/> Not Known Yet	<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 Details) :	

9. If any delay has occurred in making the notification, specify its reason.

*(Only for the first notifications)*

## C) POSSIBLE CONSEQUENCES

1. Provide information about the potential impacts of violation.

*(Describe the effects that the violation may have on the relevant individuals. If any damage has already occurred on the relevant individuals, please specify details.)*

2. Possibility of significant negative effects to the relevant individuals due to the violation\*

- High
- Medium
- Low

Not known yet (Specify details about your response):

3. The effects of the violation on your organization

<i>Effect</i>	<i>Description</i>
<input type="checkbox"/> High	You have lost your ability to provide significant services to all your users.
<input type="checkbox"/> Medium	You have lost your ability to provide a significant service to some of your users.
<input type="checkbox"/> Low	There is no or very low loss of ability and you can offer all significant services to all your users.
<input type="checkbox"/> Unknown	

4. Information about recovery time

<input type="checkbox"/> Normal	You will use your existing resources and you are able to predict your recovery time.
<input type="checkbox"/> Supported	You will use additional resources and you are able to predict your recovery time.
<input type="checkbox"/> Extended	You need additional resources and you are unable to predict your recovery time.
<input type="checkbox"/> Irreversible	Impossible to recover from the attack (i.e. backups are destroyed)
<input type="checkbox"/> Completed	Improvement completed

## D) ANY EXISTING CONSEQUENCES ABOUT THE CYBER

1. Have your information systems been affected by the cyber-attack?

- Yes  
 No

2. If you select Yes, please specify the violation element that occurred as a result of the cyber-attack. *((If there are multiple applicable options, mark all of them))*

- Data Privacy                       Data integrity  
 Data Access                          Other (Specify details about your response):

3. The effects of the cyber-attack on your organization

<i>Effect</i>	<i>Description</i>
<input type="checkbox"/> High	You have lost your ability to provide significant services to all your users through information systems.
<input type="checkbox"/> Medium	You have lost your ability to provide a significant service to some of your users through information systems.
<input type="checkbox"/> Low	There is no or very low loss of ability and you can offer all significant services to all your users through information systems.
<input type="checkbox"/> Unknown	

4. Information about recovery time

<input type="checkbox"/> Normal	You will use your existing resources and you are able to predict your recovery time.
<input type="checkbox"/> Supported	You will use additional resources and you are able to predict your recovery time.
<input type="checkbox"/> Elongated	You need additional resources and you are unable to predict your recovery time.
<input type="checkbox"/> Back no return	Impossible to recover from the attack (i.e. backups are destroyed)
<input type="checkbox"/> Complete	Improvement completed

## E) MEASURES

1. Have the employees that deal with breaches received personal data protection training in the last year?

- Yes                       No

2. Specify the administrative and technical measures that you have taken before the violation occurs, for the purpose of preventing such violations.

3. Specify the administrative and technical measures that you have taken or are planning to take as a result of the violation. *(Specify the measures that you have taken to solve the problem and eliminate its negative effects; for example, destroying accidentally-sent data, ensuring the security of passwords, planning data security training etc.*

4. Provide information about the steps taken to prevent re-occurrence of the violation and the estimated time of completion of these steps.

5. Have the relevant individuals been notified about the violation?

- Yes, the affected individuals have been notified  
 They will be notified soon or we are currently notifying them  
 No, they already know about the violation  
 No, but they will be notified

Other (Please specify details below)

6. Please provide detailed information about the method used/to be used to notify the relevant individual.

7. Name-surname and contact information of the person that will provide information to the relevant individual about data violation or the web address of the data controller

8. Have you notified or do you plan to notify other organizations or institutions in the country about the violation?  
(E.g. police, other inspection or supervision authorities. You may be required to contact the other authorities.)

- Yes  
 No

Please specify, if you mark Yes.

9. Have you notified or do you plan to notify other data protection authorities or relevant institutions abroad about the violation?  
(E.g. police, other inspection or supervision authorities)

- Yes  
 No

Please specify, if you mark Yes.

## APPENDIX 1- FORM GUIDE FOR DATA VIOLATION NOTIFICATION

1. If this is the first notification, send the completed form [ihlalbildirimi@kvkk.gov.tr](mailto:ihlalbildirimi@kvkk.gov.tr) as an e-mail attachment with the subject "Personal data violation notification". (Remember that you are responsible for the safe transmission of the forms and attachments via e-mail to our Organization.)
2. If this is a follow-up notification, attach this form to the e-mail that we sent in the first notification. (Leave the subject line in the email as it is, so that your follow-up notification can be added to your case.)
3. If you desire to send this form by post, send it to the address indicated below as approved. Kişisel Verileri Koruma Kurumu Nasuh Akar Mahallesi 1407. Sok. No:4, 06520 Balgat-Çankaya / Ankara
4. Do not forget to attach the supporting documents, if any (investigation report, documents proving that notification has been sent to the relevant individuals etc.) to the form.
5. If your notification is related to an existing incident, your notification will be added to the incident file so that the individuals that deal with your case can get information.
6. We recommend that you read the Decision of the Personal Data Protection Board dated 24.01.2019 and numbered 2019/10 to decide the next step that you will take.
7. If you need any help to complete this form, you can contact our DATA PROTECTION HELPLINE by calling the number 198.

### \* Relevant Question

### Description

* Relevant Question	Description
1. Possibility of the relevant individuals being exposed to any significant negative effects due to the violation	<p>In the determination of the level of the data violation that has occurred, it is required to assess the potential impact of the violation on the relevant individuals. In the assessment of the potential impact, the nature of the violation, the reason for the violation, the type of data exposed to the violation, the measures taken to mitigate the impact of the violation, and the categories of the relevant individuals affected by the violation should be considered. The following descriptions are taken into consideration in the determination of the risk level.</p> <p>Low risk: The violation does not cause any negative effects on the relevant individuals or this effect is negligible.</p> <p>Moderate risk: The violation may cause negative effects on the relevant individuals, but this effect is not significant.</p> <p>High risk: The violation causes serious negative effects on the relevant individuals.</p>