



Specialty Human Services Division DATA COMPROMISE QUESTIONNAIRE

Name of organization: _____

Website address: _____

- 1. Has your organization suffered a breach of personal information in the last 12 months? YES [] NO []
If yes, please explain. _____
2. Do you conduct background screening when you hire employees? YES [] NO []
If no, please explain. _____
3. Do you post your document retention and destruction policy? YES [] NO []
If no, please explain. _____
4. Do you maintain regularly updated computer security measures? (e.g., fire wall, secured wireless connectivity, virus protection) YES [] NO []
If no, please explain. _____
5. Are your employee, customer, and other physical records maintained in a secured environment with limited access? YES [] NO []
If no, please explain. _____

Additional Comments

Completed by: _____ Date Completed: _____