

H-64.1 Attachment B  
Effective: 02/13  
Reviewed: 10/15

**BREACH OF CONFIDENTIALITY FORM**

DATE OF INCIDENT: \_\_\_\_\_

SENDING FACILITY: \_\_\_\_\_ RECEIVING FACILITY: \_\_\_\_\_

OFFENDER NAME: \_\_\_\_\_ TDCJ #: \_\_\_\_\_

CIRCUMSTANCES SURROUNDING THE BROKEN SEAL:

CORRECTIVE ACTION TAKEN:

\_\_\_\_\_  
Date Investigation Completed

\_\_\_\_\_  
Investigators Signature