

H-64.1 Attachment B
Effective: 02/13
Reviewed: 10/18

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