

Template: Regional Summary for Review of Unauthorized Access to Member Information

REGIONAL SUMMARY Unauthorized Access to Member Information

Charter Number	
Credit Union Name	
CAMEL Code and Effective Date	
Date Notification Received by DOS	
Regional Tracking System Identifier	
Supervisory Examiner Name	
Examiner/Reviewer Name(s)	
DOS Analyst Name	

Brief Description of the Incident	
Inherent Risk of Harm to Member(s)	
Investigation Steps and Findings	
Corrective Actions and Plans	
Likelihood of Harm to Member(s) After Considering Corrective Actions and Plans	
Other Pertinent Information	
Future Supervision Plans (e.g. Normal, Offsite review of audit, etc.)	

Special Considerations for Closing Letter	
--	--

Examiner Recommendation:

Supervisor Concurrence:

APPROVE/DENY RECOMMENDATION

Analyst Comments:

APPROVE ☐

DISAPPROVE ☐

Supervision Analyst _____ Date_____

APPROVE ☐

DISAPPROVE ☐

Director of Supervision _____ Date_____

APPROVE ☐

DISAPPROVE ☐

Associate Regional Director _____ Date_____

APPROVE ☐

DISAPPROVE ☐

Regional Director _____ Date_____