**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_