

Schuylerville Central School District

Unauthorized Data Disclosure / Data Breach Complaint Form

Parents, eligible students (students who are at least 18 years of age, or attending a post-secondary institution at any age), principals, teachers, and employees of the Schuylerville CSD may file a complaint about a possible breach or improper disclosure of student data and/or protected teacher or principal data.

This form will be used in accordance with Board of Education Policy # 7240 for Student Records and Policy # 7251 for Privacy and Security for Student Data and the accompanying regulations. Please refer to the policy and regulation documents for detailed information.

CONTACT INFORMATION:

Name of Complainant: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____ Work: _____
(please circle the preferred contact number)

Email: _____ School / Location: _____

The complainant is (check all that apply):

- Parent or Legal Guardian of a Student
- Eligible Student (age 18 years or older)
- Employee of the District
- Other (please specify the relationship or association with the district) _____

INFORMATION ABOUT SUSPECTED DATA BREACH / UNAUTHORIZED DISCLOSURE:

The category of this reported data breach or unauthorized data disclosure is:

- Student personally identifiable data breach or disclosure
- Teacher or principal personally identifiable data breach or disclosure
- Other (please specify): _____

Date of Suspected Unauthorized Data Disclosure / Breach: _____

Description of the data suspected of being disclosed or breached: (What specific data was released without authority?)

Description of the Event: (What happened? How did it happen? Where did it take place? How did you become aware of it?)

Witnesses, if any, or others who may have knowledge of this reported data breach / unauthorized disclosure that may have information that is important to this investigation (include names & email / phone contact information):

Has this type of data breach/unauthorized disclosure been previously reported: ___ Yes ___ No
If yes, when and to whom?

Signature of Complainant

Date

FOR DISTRICT USE ONLY:

Received By: _____

Date Received: _____

Staff Member Responsible for Investigation: _____

Date Investigation Completed: _____

Date Findings Communicated to Complainant: _____

- Check one: ___ Written Investigation Findings Letter ___ Verbal Investigation Report

Signature to Confirm Investigation Completed: _____

Print Name & Title: _____