



# Averill Park 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 Averill Park Central School District 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 District Policy # 5500 for Student Records & Access and Policy #8635 for Information & Data Security and Incident Notification and 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 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: \_\_\_\_\_