



Churchville-Chili Central School District

Where learning leads to a lifetime of opportunities

Breach or Unauthorized Release of Student Data Complaint Form

CONTACT INFORMATION

NAME (Please Print)

EMAIL

HOME ADDRESS

PHONE NUMBER

RELATIONSHIP TO STUDENT

POSSIBLE IMPROPER DISCLOSURE OR BREACH INFORMATION

DATE DISCOVERED

DESCRIPTION OF INCIDENT (Please attach any additional documents to this form)

DISTRICT USE ONLY

DATE RECEIVED

Signature of Complainant