

## Glens Falls Common 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 Glens Falls Common 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 the Glens Falls Common School District Board of Education Policy for Privacy & Security for Student Data and Teacher and Principal Data and its 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?)

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

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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):

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

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\_\_\_\_\_  
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: \_\_\_\_\_