



DATA INCIDENT REPORTING FORM (William Floyd School District)

William Floyd School District
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(631)874-1116

Reporting Individual/Entity Information

Name of Reporting Individual: _____

Title: _____

Name of Educational Agency/Company: _____

Office Phone #: _____ Mobile Phone #: _____

Email: _____

Information about the Educational Agency Impacted

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

DPO Name: _____

Office phone #: _____ DPO Email: _____

Type of Organization (select one):

☐ School District ☐ School ☐ BOCES/RIC ☐ Other (specify): _____

Third Party Contractors

Was a third-party contractor (software vendor, or a cloud or other services provider) involved?

☐ Yes ☐ No

If yes, please list the third-party contractor's name: _____

Service(s) provided by the third-party contractor (please check all applicable boxes):

☐ Cloud Services ☐ Communication Services (i.e., chat, video conferencing) ☐ Software/Applications
☐ Storage Services ☐ Technology Services ☐ Website Hosting Services ☐ Other Services (please list services): _____

Data Incident Information

Incident Date: _____ Discovery Date: _____

How was the incident detected?

Affected Data

Please check all that apply. ☐ No data impacted

- ☐ Student Home Address ☐ Student Birth Date ☐ Student Grades/Transcript ☐ Student Name
☐ Student NYSS ID ☐ Student SSN ☐ Student IEP Information ☐ Student Phone Number
☐ Student ELL Information ☐ Parent Name ☐ Parent email address ☐ Teacher/Principal APPR Data
☐ Other Personally Identifiable Information or Personal Information (please specify):

☐ Other sensitive, confidential or mission critical information (please specify):

Total Number of Individuals Affected: _____

Number of Students: _____ **Number of Teachers/Principals:** _____

Affected System(s)

List the MISSION CRITICAL systems impacted (how it was affected and for how long): ☐ None Affected

List the NON-MISSION CRITICAL systems impacted (how it was affected and for how long): ☐ None Affected

Do you have back-up systems? ☐ Onsite ☐ Offsite (Please list BOCES or Vendor Name)

Notification to Affected Individuals (Data Subjects):

Is notification to affected individuals or their parents required? ☐ Yes ☐ No

If no, please explain why not:

Have the affected individuals or their parents been notified? ☐ Yes ☐ No

If yes, list date(s): _____

Method by which notice was provided (please check all that apply):

☐ Email ☐ Substitute Notice ☐ Telephone (including robocalls) ☐ Text ☐ Written & Mailed
☐ Other (please list)

If notification has not been performed, please explain why not:

Response and Recovery

Was the root cause of the incident identified? ☐ Yes ☐ No

Please explain:

Did a third-party perform an investigation? ☐ Yes ☐ No

If yes, by who: _____

What steps were taken in response to this incident?

Please describe any additional corrective activities taken:

Has the incident been contained/resolved? ☐ Yes ☐ No

If no, why not?

Has the root cause been eradicated? ☐ Yes ☐ No If yes, how?

How will eradication be verified?

Will assurance of the eradication be received in writing by an independent third party? ☐ Yes ☐ No

Have systems been recovered and restored? ☐ Yes ☐ No

If yes, when?

If no, when is recovery and restoration expected?

Additional Information (Briefly describe what occurred. If you need more space, please use the next page)

Additional Information (Additional space)