NYS EDUCATION DEPARTMENT
DATA INCIDENT REPORTING FORM
(EDUCATIONAL AGENCY)
Data Privacy Officer
Olean City Schools

Reporting Individual/Entity's Information:

Name of Reporting Individual: _____ Title: _____

Name of Educational Agency/Company: _____

Office phone #: _____ Mobile phone (if applicable) #: _____

Email: _____

Please indicate if a third- party contractor is implicated (software vendor, technology services, cloud services, or other services) _____

If yes, please explain how: _____

Information about the Educational Agency Impacted, if different from Reporting Entity:

Name: _____

Street Address: _____

City: _____ State: _____Zip Code: _____

Office phone #: _____ Email: _____

Type of Organization (select one):

[ ] School District; [ ] BOCES/RIC; [ ] Other: _____ (specify).

Dates:

Date of Incident: _____ Date of Discovery: _____ Date of Notification to Affected Persons (made or planned): _____

Date reported to state agencies other than SED (indicate entity to which report was made, e.g. AG):_____

Recovery Date (by system, if applicable): _____

Description of Incident (select all that apply):

[ ] Loss or theft of device or media (e.g., computer, laptop, external hard drive, thumb drive, CD, tape);

[ ] Internal system breach; [ ] Insider wrongdoing; [ ] External system breach (e.g., hacking);

[ ] Unauthorized Access; [ ] Malicious Code (virus, malware etc.); [ ] Inadvertent disclosure ;

[ ] Other (specify): _____

Information about Impacted Data (select all that apply):

[   ] N/A (No data impacted)

[   ] Student Name

[   ] Student Social Security Number

[   ] Student NYSIS ID

[   ] Student Grades

[   ] Teacher/Principal APPR Data

[   ] Other Personally Identifiable Information or Personal Information (specify):_____

[   ] Other sensitive, confidential or mission critical information (specify): _____

Total Number of Data Subjects Affected: _____

Information about Impacted Systems:

[   ] N/A (No systems impacted)

List critical systems impacted (indicate how, and for how long): _____

List non-critical systems impacted (indicate how, and for how long): _____

Do you have backup systems? _____ Onsite_____ Offsite (BOCES/RIC/3rd Party): _____

Were back up systems impacted and how? (Service/confidentiality, integrity, accessibility, damage):

_____

Notification of Data Subjects (Affected Individuals):

Is notification required? _____ If not, please explain: _____

Was notification performed? _____ If not, please explain: _____

If performed, how? [   ] Written [   ] Electronic [   ] Telephone [   ] Substitute notice

Reporting to Oversight Agencies:

Is reporting to another government agency required? _____ If yes, please indicate which agency and why: _____

Has reporting to another government agency occurred? _____ If yes, please indicate which agency and dates reported: _____

Detection and Response:

How was incident detected: -_____

Was a root cause identified? Please explain: _____

Did a third-party perform the investigation? _____ If yes, who: _____

What steps were taken in response to this incident? _____

Please describe any additional corrective and recovery activities: _____

Has the incident been contained/resolved? _____

Has the virus been eradicated? _____ If yes, how? _____

Have systems been recovered and restored? _____ if yes, when?

How will eradication be verified? Will assurance be received in writing by an independent third party? _____

Additional Information (briefly describe what occurred):