Oriskany 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 the Oriskany Central School District may file a complaint about a possible breach or improper disclosure of student data/personally identifiable information. *(See, Board Policy 5306.)*

If you believe that a breach or unauthorized disclosure of student personally identifiable information or teacher/principal APPR data has occurred, you may submit this form via email to gcuthbertson@oriskanycsd.org or by regular mail to Data Protection Officer, Oriskany Central School District, 1313 Utica St. Oriskany, NY 13424.

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(s) or Legal Guardian(s) of a Student
_____ Eligible Student (age 18 years or older)
_____ Employee of the District

INFORMATION ABOUT SUSPECTED DATA BREACH / UNAUTHORIZED DISCLOSURE:

Date of Suspected Unauthorized Data Disclosure / Breach: _____

Description of the data suspected of being disclosed or breached: (What specific data/type of data is alleged to have been 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: _____

Signature to Confirm Investigation Completed: _____

Print Name & Title: _____

Date Investigation Completed: _____