

UNAUTHORIZED DISCLOSURE COMPLAINT

Educational agencies must establish and communicate to parents, eligible students, principals, teachers, and other staff of an educational agency procedures to file complaints about breaches or unauthorized releases of student data and/or protected teacher or principal data. To learn more about this requirement, agencies can review Part 121.4 of the Regulations.

REQUIREMENTS FOR NYS EDUCATIONAL AGENCIES



COMPLIANCE CHECKS

Complaint Procedures:

- ✓ Contain Required Elements
- ✓ Are Communicated to Parents and Staff

REQUIRED ELEMENTS



ACKNOWLEDGE, INVESTIGATE, AND CONTAIN

The agency must promptly acknowledge receipt, commence an investigation, and take the necessary precautions to protect PII.



PROVIDE FINDINGS

No more than 60 calendar days from the receipt of the complaint, the agency must provide the findings to the individual who filed a complaint.



MAINTAIN RECORDS

The agency must maintain a record of all complaints and their disposition in accordance with applicable data retention policies, including ED-1.

RELATED INFORMATION



PRIVACY COMPLAINTS CAN BE MADE TO NYSED

A complaint may be submitted to the Chief Privacy Officer using an online form at: <http://www.nysed.gov/data-privacy-security/report-improper-disclosure>



ED-1 (RECORDS RETENTION AND DESTRUCTION)

Information about ED-1 is available at: http://www.archives.nysed.gov/common/archives/files/mr_pub_ed1.pdf



EDUCATIONAL AGENCIES MAY REQUIRE COMPLAINTS TO BE SUBMITTED IN WRITING.



MODEL UNAUTHORIZED DISCLOSURE FORM

Parents, eligible students (students who are at least 18 years of age), principals, teachers, and employees of an educational agency may file a complaint about a possible breach or improper disclosure of student data and/or protected teacher or principal data using this form. Submit this form to [insert submission information]. Please do NOT include any information in this form that would constitute student personally identifiable information.

CONTACT INFORMATION

First Name:

Last Name:

Phone Number:

Email:

Role/Relationship to Student:

District/Building Affiliation:

POSSIBLE IMPROPER DISCLOSURE OR BREACH INFORMATION

Description of Event(s):

Description of Possible Disclosed Data:

Description of How Reporter Learned of Possible Disclosure:

FOR DISTRICT USE ONLY

Date Received:

Staff Member Responsible for Investigation:

Findings Communication Date:

Signature to Confirm Investigation Complete: