



# West Irondequoit Central School District

321 LIST AVENUE  
ROCHESTER, NEW YORK 14617  
Telephone: (585) 342-5500  
FAX: (585) 266-1556  
[www.westirondequoit.org](http://www.westirondequoit.org)

## Data Breach / Unauthorized Release Complaint Process

If a parent believes that student data has been released or disclosed in an unauthorized manner, or that data systems involving private student data have been breached, parents have a right to submit a formal complaint to the West Irondequoit Central School District (WICSD), consistent with New York State Education Law §2-d.

Attached is a complaint form that may be used to submit a complaint. Use of this form is recommended, but not required. If using your own format to submit a complaint, you must provide the required information, as appropriate, as indicated on the complaint form. Upon receipt of a written complaint by a parent, WICSD must determine if the alleged violation occurred and issue a written decision of its findings.

### Parent Submitting the Complaint

- Complaints must be made in writing.
- Complaints must be signed by the complainant (faxed or email signatures will not be accepted).
- The breach complaint must include:
  - A statement that the district has violated a requirement of Part 121 of Ed Law §2-d or state law/regulation related to student data privacy;
  - The facts on which the statement is based;
  - Contact information of the person filing the complaint;
  - If alleging violations with respect to a specific child, include:
    - The name and address of the child's residence;
    - The name of the school the child is attending;
    - In the case of a homeless child or youth, available contact information for the child and the name of the school the child is attending;
    - A description of the nature of the incident, including facts related to the incident;



# West Irondequoit Central School District

321 LIST AVENUE  
ROCHESTER, NEW YORK 14617  
Telephone: (585) 342-5500  
FAX: (585) 266-1556  
[www.westirondequoit.org](http://www.westirondequoit.org)

## School District Complaint Procedures

- The school district will acknowledge receipt of the complaint within seven business days.
- The school district will commence an investigation and take necessary precautions to protect any personally identifiable information.
- Following its investigation, the school district shall provide the parent or eligible student with a report of its findings within 60 calendar days from receipt of the complaint. In extenuating circumstances, where the district requires additional time to investigate the complaint or cooperate with law enforcement, or where releasing the report may compromise security or impede the investigation of the incident, the district shall provide the parent or eligible student with a written explanation that includes the approximate date when the district anticipates the report will be released.
- The district will maintain a record of all complaints of breaches or unauthorized releases of student data and their disposition.
- Complaints may be sent to:  
Data Protection Officer  
West Irondequoit Central School District  
45 Cooper Road  
Rochester, NY 14617

# WICSD Data Breach / Unauthorized Release Complaint Form

## Complaint Contact Information (Complainant)

Name of Complainant: \_\_\_\_\_ Date: \_\_\_\_\_

Role / Relationship to Student: \_\_\_\_\_

### Contact Information for Complainant

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone:

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Work: \_\_\_\_\_

What is the best time to contact you (the complainant) and at what phone number?

\_\_\_\_\_

## Student Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address of Child's Residence (if different from complainant):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of the School the Child Attends: \_\_\_\_\_

## Possible Data Breach or Unauthorized Release Information

Description of Event(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Possible Disclosed Data:

\_\_\_\_\_  
\_\_\_\_\_

Description of How Complainant Learned of Possible Disclosure

\_\_\_\_\_  
\_\_\_\_\_

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(This form must be signed, or it cannot be processed. West Irondequoit Central School District will only accept formal complaints with original signature. Complaints that are faxed or emailed will not be accepted. Completed forms may be dropped off in person at the district administrative office at 321 List Avenue or mailed to: Data Protection Officer, West Irondequoit Central School District, 45 Cooper Road, Rochester, NY 14617)*

## District Use Only

Date Received: \_\_\_\_\_ Staff Member Investigating: \_\_\_\_\_

Findings Communication Date: \_\_\_\_\_ Date Investigation Closed: \_\_\_\_\_