

## Improper Disclosure Report

\*First Name \_\_\_\_\_ \*First Last \_\_\_\_\_  
\*Phone \_\_\_\_\_ \*Email \_\_\_\_\_ \*Role \_\_\_\_\_

- Select:
- Parent
  - Student
  - Eligible Student
  - Principal
  - Teacher
  - Superintendent
  - Other \_\_\_\_\_

If other, please provide additional information:

\_\_\_\_\_

\_\_\_\_\_

\*Date Violation Occurred - must be mm/dd/yyyy format: \_\_\_ / \_\_\_ / \_\_\_\_

\*Name(s) of person involved: \_\_\_\_\_

\*Name of organization(s) involved: \_\_\_\_\_

\*Name of school involved: \_\_\_\_\_

\*Description of student data compromised:

\_\_\_\_\_

\_\_\_\_\_

\*Description of improper disclosure:

\_\_\_\_\_

\_\_\_\_\_

\*Contacts for additional information

List names and telephone numbers/email of individuals who can provide additional information.

\_\_\_\_\_

\_\_\_\_\_

\*Contact with school officials

Have you contacted any school official in an attempt to resolve this matter? If so, whom? What occurred?

\_\_\_\_\_

\_\_\_\_\_

\*Additional information

Please provide any additional information in regard to this complaint.

\_\_\_\_\_

\*Certification

I certify that the information I have provided is true to the best of my knowledge.

\_\_\_ Yes      \_\_\_ No

**\*Required**