

\_\_\_\_\_ (your street address)  
\_\_\_\_\_, \_\_\_\_\_ (city, state zip code)  
\_\_\_\_\_ (date)

\_\_\_\_\_ (name of Principal)  
\_\_\_\_\_ (name of school)  
\_\_\_\_\_ (school address)  
\_\_\_\_\_

RE: \_\_\_\_\_ (first and last name of child)

Dear \_\_\_\_\_, (name of Principal)

My child, \_\_\_\_\_, (first name of child) is in the \_\_\_\_ (grade level) at \_\_\_\_\_ (name of school). At school \_\_\_\_\_ (s/he) has been bullied and harassed by \_\_\_\_\_ (name of harasser(s)). This has occurred on \_\_\_\_\_ (date or approximate period of time) when \_\_\_\_\_ (describe as many details of the incident(s) as can be recalled). When this happened \_\_\_\_\_ (name of witness(es)) heard or saw it and \_\_\_\_\_ (their response(s)). We became aware of this incident when \_\_\_\_\_ (describe how you were notified).

\_\_\_\_\_, (first name of child) was hurt by this bullying and harassment. \_\_\_\_\_ (She/He) had \_\_\_\_\_ (describe physical injuries, emotional suffering and any medical or psychological treatment required). As you are likely aware, \_\_\_\_\_ (first name of child) has a 504 plan. \_\_\_\_\_ (I/we) became aware of two federal laws (Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Amendment Act (ADAAA) of 2008) that protect the rights of a child with a disability against bullying behavior that is based on the child's disabilities and that interferes with or denies the child the opportunity to participate in or benefit from an educational program.

Please send \_\_\_\_\_ (me/us) a copy of the District policies on bullying and harassment, investigate this problem and correct it as soon as possible. Please let \_\_\_\_\_ (us/me) know, in writing, of the actions you have taken to rectify the situation and to ensure it does not happen again. If this does not resolve this issue, \_\_\_\_\_ (I/we) will request a 504 meeting to be held as quickly as possible. I expect a response within 5 business days.

Thank you for your prompt attention to this serious problem.

Sincerely,

(Sign in this area)

\_\_\_\_\_ (your name)

CC: \_\_\_\_\_ (name of 504 Coordinator), 504 Coordinator  
\_\_\_\_\_ (name of Superintendent of schools), Superintendent

(Sign and keep a copy for your records)