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)