

_____ (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 an IEP (Individual Education Plan). _____ (I/we) became aware of three federal laws (Section 504 of the Rehabilitation Act of 1973, Title II of the Americans with Disabilities Amendment Act (ADAAA) of 2008, and Individuals with Disabilities Education Act (IDEA)) 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 an IEP 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 Director of Special Education), Director
_____ (name of Superintendent of schools), Superintendent

(Sign and keep a copy for your records)