Notifying the School About a Bullying Incident—
Using a template letter

Parents should contact school staff each time their child informs them that he or she has been bullied. PACER Center has created three letters that parents may use as a guide for writing a letter to their child's school. These letters contain standard language and “fill in the blank” spaces so the letter can be customized for your child's situation.

PACER Center’s sample letter(s) can serve two purposes.

- First, the letter will alert school administration of the bullying and your desire for interventions against the bullying.
- Second, the letter can serve as your written record when referring to events. The record (letter) should be factual and absent of opinions or emotional statements.

The “Student w/IEP, Notifying School About Bullying” and “Student w/504, Notifying School About Bullying” letters are for parents who have a child with an Individualized Education Plan (IEP) or Section 504. The bullying law of the individual state applies to students with disabilities. When the bullying is based on the child's disability, federal laws can also apply under Section 504, Individuals with Disabilities Act (IDEA) and Americans with Disabilities Act Amendments Act of 2008 (ADAAA).

The third letter, “Notifying School About Bullying” is for parents of any child who is being bullied. Individual state laws do apply.

For a complete listing of laws, visit www.PACER.org/bullying/resources/parents/laws-and-policy.asp.

Data is important. Remember, if it is not in writing, it does not exist. Please be sure to keep a copy of the letter(s) for your records. These records can help parents keep a concise, accurate timeline of events.

These sample letters are general in nature in order to serve all potential users. Please contact PACER’s National Bullying Prevention Center for more specific guidance regarding your particular circumstances.
Student with an Individualized Education Plan (IEP), Notifying School About Bullying

_____________________(your address)
_________________, _____________(city, state, zip)
_________________(date)

_____________________(name of Principal)
_____________________(name of school)
_____________________(school address)
_________________, _____________(city, state, zip)

RE: ____________________ (first/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. (S/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 ______ (me/us) 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)

_______________________ (print your name)

CC: ___________________________ (name of Director of Special Education), Director
_____________________________ (name of Superintendent of schools), Superintendent

(Sign and keep a copy for your records)
Student with a 504 Plan, Notifying School About Bullying

____________________ (your address)
________________, ________ (city, state, zip)
__________ (date)

________________ (name of Principal)
________________ (name of school)
________________ (school address)
________________, ________ (city, state, zip)

RE: ____________________ (first/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. (S/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 _______ (me/us) 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)

____________________ (print your name)

CC: __________________________ (name of 504 Coordinator) 504 Coordinator

__________________________ (name of Superintendent of schools), Superintendent

(Sign and keep a copy for your records)
Notifying School About Bullying

_____________________
(your address)

_____________________
(city, state, zip)

_____________________
(date)

_____________________
(name of Principal)

_____________________
(name of school)

_____________________
(school address)

_____________________
(city, state, zip)

RE: ____________________
(first/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. (S/He) had _______________________________________
(describe physical
injuries, emotional suffering and any medical or psychological treatment required).

_____ (Our/My) child has the right to be in a safe environment at school so _____ (s/he) can learn.

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 _______ (me/us) know, in writing, of the actions
you have taken to rectify the situation and to ensure it does not happen again. I expect a response within 5
business days.

Thank you for your prompt attention to this serious problem.

Sincerely,

(sign in this area)

_____________________
(print your name)

CC: __________________________  (name of Superintendent of Schools) Superintendent

(Sign and keep a copy for your records)