	(city state zin code)
	(city, state zip code)
Version for student with an 504 Plan	
, 2011	(date)
	(name of Principal)
RE:	(first and last name of child)
Dear	, (name of Principal)
school). At school ( This has occurred on ( describe as many details ( name of witness(es)) hear	(first name of child) is in the (grade level) at (name of s/he) has been bullied and harassed by (name of harasser(s)) (date or approximate period of time) when of the incident(s) as can be recalled). When this happened (their response(s)). We became aware (describe how you were notified).
,(first nam	e of child) was hurt by this bullying and harassment (She/He) had
physical injuries, emotional likely aware, (fin laws (Section 504 of the Amendment Act (ADAAA) behavior that is based o	(describe I suffering and any medical or psychological treatment required). As you are st name of child) has a 504 plan (I/we) became aware of two federal Rehabilitation Act of 1973 and Title II of the Americans with Disabilities of 2008) that protect the rights of a child with a disability against bullying
physical injuries, emotional likely aware, (fir laws (Section 504 of the Amendment Act (ADAAA) behavior that is based of opportunity to participate Please send (notes that it is problem and correct actions you have taken to	(described I suffering and any medical or psychological treatment required). As you are set name of child) has a 504 plan (I/we) became aware of two federal Rehabilitation Act of 1973 and Title II of the Americans with Disabilities of 2008) that protect the rights of a child with a disability against bullying in the child's disabilities and that interferes with or denies the child the in or benefit from an educational program.  Ine/us) a copy of the District policies on bullying and harassment, investigate it as soon as possible. Please let (us/me) know, in writing, of the rectify the situation and to ensure it does not happen again. If this does not //we) will request a 504 meeting to be held as quickly as possible. I expect a

(your name	e)	
	of 504 Coordinator), 504 Coordinator ne of Superintendent of schools), Superinte	endent
(Sign a	nd keep a copy for your records)	
(your street a	address)	
Version for student with an IEP Plan		
,	(city, state zip code)	
(name of Pr (name of sc (school add	chool)	
RE: (first and I	last name of child)	
Dear, (name of	<sup>F</sup> Principal)	
school). At school (s/he) has been this has occurred on (describe as many details of the incident (name of witness(es)) heard or saw it as	of child) is in the (grade level) at en bullied and harassed by (date or approximate period of time) who nt(s) as can be recalled). When this happ nd (their response (describe how you were notified).	(name of harasser(s)) en pened e(s)). We became aware
,(first name of child) w	vas hurt by this bullying and harassment.	
	nd any medical or psychological treatmen hild) has an IEP (Individual Education Plan)	nt required). As you are
aware of three federal laws (Section 50	04 of the Rehabilitation Act of 1973, Title	II of the Americans with
protect the rights of a child with a d	f 2008, and Individuals with Disabilities Ed disability against bullying behavior that idenies the child the opportunity to partic	is based on the child's

Please send	( <i>me/us</i> ) a copy of the District policies on bullying and harassment, investigate
this problem and co	rrect it as soon as possible. Please let (us/me) know, in writing, of the
actions you have tak	en 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 bu	siness days.
Thank you for your p	compt 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

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(Sign and keep a copy for your records)