

# 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 [http://www.olweus.org/public/bullying\\_laws](http://www.olweus.org/public/bullying_laws)

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.

PACER’s National Bullying  
Prevention Center®

8161 Normandale Blvd.  
Minneapolis, MN 55437-1044  
952.838.9000  
952.838.0190 TTY  
952.838.0199 fax  
PACER@PACER.org

# Student with an Individualized Education Plan (IEP), Notifying School About Bullying

.....  
 \_\_\_\_\_ (your street address)  
 \_\_\_\_\_, \_\_\_\_\_ (city, state zip code)  
 \_\_\_\_\_, 2014 (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. \_\_\_\_\_ (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)**

PACER's National Bullying  
Prevention Center®

8161 Normandale Blvd.  
 Minneapolis, MN 55437-1044  
 952.838.9000  
 952.838.0190 TTY  
 952.838.0199 fax  
 PACER@PACER.org

# Student with a 504 Plan, Notifying School About Bullying

.....  
 \_\_\_\_\_ (your street address)  
 \_\_\_\_\_, \_\_\_\_\_ (city, state zip code)  
 \_\_\_\_\_, 2014 (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. \_\_\_\_\_ (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 street address)  
 \_\_\_\_\_, \_\_\_\_\_ (city, state zip code)  
 \_\_\_\_\_, 2014 (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. \_\_\_\_\_ (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)

PACER's National Bullying  
Prevention Center®

8161 Normandale Blvd.  
Minneapolis, MN 55437-1044  
952.838.9000  
952.838.0190 TTY  
952.838.0199 fax  
PACER@PACER.org