

# Letter of Demand for Accessible Wheelchair Routes

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Date]

[Recipient's Name]

[Hospital's Name]

[Hospital's Address]

[City, State, Zip Code]

## **Subject: Demand for Accessible Wheelchair Routes**

Dear [Recipient's Name],

I am writing to bring to your attention the urgent need for accessible wheelchair routes within [Hospital's Name]. It has come to my notice that the current infrastructure does not adequately support patients and visitors who rely on wheelchairs for mobility.

Accessible routes are crucial not only for compliance with the Americans with Disabilities Act (ADA) but also for ensuring that all patients receive equitable access to the healthcare services offered at your facility. The existing obstacles and lack of clear pathways significantly hinder access, causing discomfort and potential health risks for those with mobility challenges.

I urge you to prioritize the implementation of accessible routes throughout the hospital premises. This includes clear signage, appropriate ramps, and well-maintained pathways that facilitate easy movement for wheelchair users.

Thank you for your attention to this matter. I look forward to your prompt response outlining the steps you will take to address this critical issue.

Sincerely,

[Your Name]

[Your Phone Number]