

Complaint Regarding Accessibility to Healthcare Services

Your Name
Your Address
City, State, ZIP Code
Your Email
Your Phone Number
Date

Healthcare Provider's Name
Healthcare Facility's Name
Facility Address
City, State, ZIP Code

Dear [Healthcare Provider's Name],

I am writing to formally express my concerns regarding the accessibility of healthcare services at [Healthcare Facility's Name]. As a patient who relies on your services, I have encountered significant challenges that hinder my ability to receive adequate medical attention.

Specifically, on [date of incident], I faced issues such as [describe specific accessibility issues: e.g., lack of wheelchair ramps, insufficient parking for disabled individuals, long wait times, etc.]. These barriers not only affect my access to necessary healthcare but also impact my overall well-being.

I believe that every patient deserves equal access to healthcare services, and I urge you to take immediate action to address these accessibility issues. It is essential for the facility to comply with the standards set forth in the Americans with Disabilities Act (ADA) and other relevant regulations to ensure that all patients can receive the care they need without unnecessary barriers.

Thank you for your attention to this important matter. I look forward to your prompt response and a plan to enhance the accessibility of your services.

Sincerely,
[Your Name]