

# Notification of Accessibility Barriers

Date: [Insert Date]

To Whom It May Concern,

I am writing to formally notify you about accessibility barriers that have been observed at [Insert Clinic Name] located at [Insert Address]. It has come to my attention that several aspects of the clinic's facilities are not fully accessible to individuals with disabilities.

The following barriers have been identified:

- Inaccessible entrance with no ramp or automatic doors.
- Lack of designated accessible parking spaces.
- Narrow doorways and hallways that make navigation difficult for wheelchair users.
- Restrooms that are not equipped with grab bars or accessible stalls.

These barriers impact the ability of individuals with disabilities to receive proper medical care, and addressing these issues is critical to ensure compliance with accessibility standards and to provide equal access to all patients.

I urge you to take immediate action to assess and rectify these accessibility barriers. I am willing to discuss this matter further and collaborate on solutions to improve access for all patients.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Contact Information]