

# Formal Complaint Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Company/Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally complain about an incident that occurred on [insert date] regarding my experience with [Company/Organization Name] that I believe involves discrimination based on my disability.

[Describe the incident and any relevant details, including any witnesses or documentation that you have.]

Under the Americans with Disabilities Act and other applicable laws, individuals with disabilities are entitled to equal treatment and opportunities. I believe I have been subjected to discrimination because [explain how your experience aligns with discriminatory practices].

I request that you conduct a thorough investigation into this matter and provide me with a response detailing the actions that will be taken to address my complaint. I also seek any necessary accommodations that may help prevent such incidents in the future.

Thank you for your attention to this serious matter. I look forward to your prompt response.

Sincerely,

[Your Name]