

# Wheelchair Accessibility Compliance Report

Date: [Insert Date]

To: [Insert Recipient Name]

From: [Insert Your Name]

Subject: Wheelchair Accessibility Compliance Report for [Insert Location/Facility]

Dear [Insert Recipient Name],

I am writing to provide a report regarding the wheelchair accessibility compliance of [Insert Location/Facility]. This assessment was conducted on [Insert Date(s) of Assessment] and focuses on the following key areas:

## 1. Entrances and Exits

[Insert details about the accessibility of entrances and exits, including ramps and door widths.]

## 2. Interior Pathways

[Insert details about the accessibility of interior pathways, including hallways and doorways.]

## 3. Restrooms

[Insert details about the accessibility of restrooms, including grab bars and stall sizes.]

## 4. Parking Facilities

[Insert details about the availability and accessibility of parking spaces.]

## 5. Additional Features

[Insert details about any additional features that support wheelchair accessibility, such as elevators or signage.]

Based on this assessment, we have identified the following recommendations to improve compliance:

- [Insert recommendation 1]
- [Insert recommendation 2]
- [Insert recommendation 3]

We appreciate your attention to this important matter. Please feel free to reach out if you have any questions or require further information.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]