

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]

[Date]

[Name of Bank Manager or Customer Advocacy Department]
[Bank Name]
[Bank Address]

RE: Formal Grievance Regarding Accessibility Discrimination

Dear [Name of Contact Person or Department],

I am writing to file a formal grievance regarding the accessibility barriers I encountered while attempting to use your banking services on [Date] at [Location/Branch or Online Platform].

I am an individual with a disability, specifically [mention disability if comfortable, e.g., visual impairment, mobility impairment]. Under the [Name of Relevant Law, e.g., Americans with Disabilities Act or Equality Act], financial institutions are required to provide equal access to services and reasonable accommodations.

The specific issue I encountered was: [Describe the barrier in detail, e.g., lack of wheelchair ramp, inaccessible website for screen readers, refusal to provide documents in Braille/large print, or lack of sign language interpretation].

Because of this barrier, I was unable to: [Describe the impact, e.g., access my account, complete a transaction, or understand the terms of a loan].

To resolve this matter, I request that [Bank Name] takes the following actions:

- [Action 1: e.g., Remediate the physical/digital barrier]
- [Action 2: e.g., Provide documents in an alternative format]
- [Action 3: e.g., Staff training on disability awareness]

I request a written response to this grievance within [Number, e.g., 10] business days outlining the steps you will take to address this discrimination and ensure future accessibility.

Thank you for your prompt attention to this serious matter.

Sincerely,

[Your Signature]

[Your Printed Name]

[Your Account Number, if applicable]