(Employer – Failure to make a reasonable adjustment – sickness absence) **PLEASE DELETE**

Your address

**Enter Employer’s Name**

**Enter Address**

**Date**

Dear Enter name of person you are writing to\_,

**Subject: (say what your letter is about)**

I would like you to accept this letter as a formal complaint for a failure to make a reasonable adjustment to (enter the name of the employer)’s sickness absence policy.

Under the Equality Act 2010, as an employer you have a duty to make reasonable adjustments through amendment of a policy or procedure; physical changes to the workplace, or provision of additional equipment or support, for an individual who is at a substantial disadvantage due to their disability.

* (Describe what has happened and how you are at a substantial disadvantage because of your disability. Give the facts of the case, being specific and clear.)
* I believe the (explain the policy/practice/lack of equipment etc and how it is causing the disadvantage) places me as a disabled person at a substantial disadvantage when compared to a non-disabled person.

I believe you have failed to make an adjustment by not (explain what adjustment could have been made and how it would help you with your disability).

If you feel you are unable to make the reasonable adjustments, please provide your reasons in writing as to why you are unable to make them.

I look forward to receiving your response in writing within 28 days from the receipt of this letter.

Yours sincerely

(Your name)