

Medical Complaint Regarding Delayed Treatment Resolution

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my concern regarding the delayed resolution of my medical treatment at [Hospital/Clinic Name]. My name is [Your Name], and I have been receiving treatment for [specific medical condition] since [start date of treatment].

On [specific date], I was advised about [specific treatment or procedure] and was promised that it would be addressed promptly. However, as of today, [insert duration] has passed without any significant progress or communication regarding my treatment status. This delay has caused me considerable distress and has impacted my _____ [mention any specific impacts, e.g., health, daily life, work].

I would appreciate it if you could investigate this matter and provide me with an update on my treatment progress. I believe timely medical care is crucial for my recovery, and I would be grateful for your immediate attention to this issue.

Thank you for your understanding. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Phone Number]

[Your Email Address]