

Medical Complaint Letter

Your Name

Your Address
City, State, Zip Code
Email Address
Phone Number
Date

Recipient's Name

Title
Hospital/Clinic Name
Address
City, State, Zip Code

Dear [Recipient's Name],

I am writing to formally express my dissatisfaction with the treatment I received on [date of treatment] at [name of facility]. My visit was regarding [briefly describe the medical issue]. Unfortunately, I believe the care I received did not meet the expected standards.

Specifically, [describe the issues with your treatment, including any negligence, lack of communication, or negative outcomes]. Despite my concerns, I feel that they were not adequately addressed.

I have attempted to resolve this matter by [mention any previous communication or steps taken], yet I have not seen satisfactory results.

I hope to resolve this issue amicably and would appreciate your attention to my concerns. I am requesting [state any specific resolution you are seeking].

Thank you for addressing this matter promptly. I look forward to your response.

Sincerely,

[Your Name]