

# Medical Grievance for Emergency Care Response

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Hospital/Facility Name]

[Hospital/Facility Address]

[City, State, ZIP Code]

## **Subject: Grievance Regarding Emergency Care Response**

Dear [Recipient's Name or "Patient Relations Department"],

I am writing to formally express my grievance regarding the emergency care I received on [date of incident] at [hospital/facility name].

During my visit, I experienced [briefly describe the situation, e.g., long wait times, inadequate treatment, lack of communication, etc.]. Despite the urgency of my condition, the response was [describe the inadequacies of the care received, e.g., delayed, unprofessional, insufficient, etc.].

This experience not only impacted my health but also caused significant distress to myself and my family. I believe it is imperative for [hospital/facility name] to address these issues to improve the quality of care for future patients.

I kindly request a thorough investigation into my grievance and an explanation of the actions that will be taken to ensure that such situations do not occur in the future.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]