

# Medical Grievance Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

## To Whom It May Concern,

I am writing to formally express my grievance regarding the medical services I received at [Hospital Name] on [Date of Service].

During my visit, I experienced the following issues: [Briefly describe the issues, e.g., long wait times, unprofessional staff, inadequate treatment, etc.].

These issues have significantly affected my [health, recovery process, overall experience, etc.]. I believe it is important for these concerns to be addressed to improve the quality of care provided to patients.

I kindly request a response to this letter and would appreciate any information regarding the actions that will be taken to resolve these issues.

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

Sincerely,

[Your Name]