

# Medical Grievance Letter

**[Your Name]**  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]

[Date]

**[Recipient's Name]**  
[Medical Facility Name]  
[Medical Facility Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Grievance Regarding Inadequate Medical Treatment

I am writing to formally express my grievance regarding the inadequate medical treatment I received on [date of treatment] at [medical facility name].

During my visit, I was diagnosed with [condition] and prescribed [treatment]. However, I have experienced [explain the issues faced due to inadequate treatment, including any subsequent complications or emotional distress].

I believe that the care I received did not meet the expected standards of medical practice. I would like to request a thorough review of my case and an appropriate response regarding this matter.

Thank you for your attention to this serious issue. I hope to hear back from you soon regarding the steps that will be taken to address my concerns.

Sincerely,

[Your Name]