

Medical Grievance Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally express my grievance regarding the medical care I received from [Physician's Name] at [Facility Name] on [Date of Incident].

During my appointment, I experienced the following issues: [Detail the specific issues encountered, such as lack of communication, improper treatment, etc.]. This has caused me [explain any physical, emotional, or financial impacts].

I believe that all patients deserve quality care and to have their concerns addressed promptly. I request that my grievance be reviewed and appropriate actions be taken to ensure that such incidents are prevented in the future.

Please feel free to contact me at [Your Phone Number] or [Your Email] for any further information or discussion regarding this matter.

Thank you for your attention to this important issue.

Sincerely,

[Your Name]