

# Medical Grievance Letter

**Your Name:** [Your Name]

**Your Address:** [Your Address]

**City, State, ZIP:** [City, State, ZIP]

**Email:** [Your Email]

**Phone Number:** [Your Phone Number]

**Date:** [Date]

**Recipient's Name:** [Recipient's Name]

**Title:** [Title]

**Facility's Name:** [Facility's Name]

**Facility's Address:** [Facility's Address]

## **Subject: Grievance Regarding Excessive Waiting Time**

Dear [Recipient's Name],

I am writing to formally address my concerns regarding the excessive waiting time I experienced during my recent visit to [Facility's Name] on [Date of Visit]. My appointment was scheduled for [Appointment Time], but I did not meet with the healthcare provider until [Actual Time Seen]. This resulted in a wait time of [Duration], which was both inconvenient and distressing.

As a patient, timely access to medical care is crucial for both physical and mental well-being. The long wait not only caused discomfort but also led to unnecessary anxiety regarding my health status.

I kindly request a review of your scheduling and patient flow processes to minimize waiting times, ensuring that future patients do not encounter similar issues.

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

Sincerely,

[Your Name]