

Grievance Redressal Procedure for Patients

Date: _____

To,
The Grievance Redressal Officer,
[Hospital/Organization Name]
[Hospital Address]

Subject: Grievance Redressal Procedure Initiation

Dear Sir/Madam,

I am writing to formally raise a grievance regarding my recent experience at your facility. Below are the details of my complaint:

- **Patient Name:** _____
- **Patient ID:** _____
- **Date of Service:** _____
- **Details of the Grievance:**

I request that my grievance be addressed promptly and would appreciate a response within [insert timeframe, e.g., 7 working days].

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

Sincerely,
[Your Name]
[Your Contact Information]