

# Formal Acknowledgment of Medication Error

Date: [Insert Date]

[Your Name]  
[Your Title]  
[Your Organization]  
[Organization Address]  
[City, State, Zip Code]

[Recipient's Name]  
[Recipient's Title]  
[Recipient's Organization]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally acknowledge the medication error that occurred on [insert date of incident]. We recognize the serious nature of this incident and the potential impact it may have had on patient safety.

We have conducted a thorough investigation into the circumstances surrounding this error and are taking all necessary steps to prevent a recurrence. A detailed report outlining our findings and corrective actions will be shared with you by [insert expected date for report].

Your feedback is invaluable to us as we strive to improve our practices. We appreciate your understanding and support as we work through this process.

Thank you for your attention to this matter. Please do not hesitate to contact me directly at [your phone number] or [your email address] should you have any questions or require further information.

Sincerely,

[Your Name]  
[Your Title]  
[Your Organization]