

Acknowledgment of Medication Delivery Discrepancy

Date: [Insert date]

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

[Recipient Name]
[Recipient Position]
[Recipient Organization]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

We are writing to formally acknowledge the discrepancy reported regarding the recent medication delivery dated [insert delivery date]. It has come to our attention that [describe the discrepancy, e.g., incorrect quantity, wrong medication, etc.].

We appreciate your prompt communication regarding this matter and are currently investigating the issue to ensure it is resolved swiftly. We value our partnership and are committed to maintaining the highest standards in our service delivery.

Should you have any further questions or require additional information, please do not hesitate to contact us at [your phone number] or [your email address].

Thank you for your understanding and cooperation.

Sincerely,

[Your Name]
[Your Position]
[Your Organization]