

Appeal Letter for Medication Delivery Issue

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally appeal regarding an issue I have encountered with the delivery of my prescribed medication. Despite my order being placed on [Insert Order Date], I have yet to receive my medication, which is critically important for my health management.

According to my records, the expected delivery was to be completed by [Insert Expected Delivery Date], but as of today, [Insert Current Date], I have not received any updates or communication regarding the status of my delivery.

This situation is concerning as it may potentially affect my treatment plan and overall health. I kindly request that you look into this matter urgently and provide me with an update on the status of my medication delivery.

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

Sincerely,

[Your Name]