

Excessive Billing Grievance

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Billing Department's Name]

[Company Name]

[Company Address]

[City, State, Zip Code]

Dear [Billing Department's Name],

I am writing to formally express my concern regarding an excessive billing issue that I have encountered on my recent statement dated [Insert Date]. My account number is [Insert Account Number].

Upon reviewing my bill, I noticed charges that are significantly higher than my previous statements and what was previously discussed. Specifically, the charges include [Briefly list the excessive charges or errors].

I kindly request a detailed breakdown of these charges and a review of my account to rectify this matter at your earliest convenience. It is important to me that this billing issue is resolved promptly, as it has caused unnecessary stress and confusion.

Thank you for your attention to this matter. I look forward to your prompt response and a resolution to my grievance.

Sincerely,

[Your Name]