

Feedback on Inadequate Medical Attention

Date: [Insert Date]

To: [Medical Facility Name]

Address: [Medical Facility Address]

Dear [Recipient's Name],

I am writing to share my concerns regarding the medical attention I received during my recent visit on [Insert Date of Visit]. I believe that the level of care provided was inadequate and did not meet the standards expected from your facility.

Specifically, I encountered the following issues:

- Delay in receiving attention from medical staff.
- Lack of thorough examination despite my expressed symptoms.
- Insufficient communication regarding my treatment options.

These factors contributed to a negative experience, affecting my trust in your facility's ability to provide quality care. I strongly believe that improvements can be made to ensure better patient care in the future.

I would appreciate acknowledgment of this feedback and any actions you plan to take to address these issues. Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Contact Information]