

Grievance Against Healthcare Provider

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally express my grievance regarding the treatment I received from [Healthcare Provider's Name] on [Date of Appointment]. My experience has left me feeling [describe your feelings, e.g., frustrated, neglected, etc.].

During my appointment, I experienced [briefly describe the issue, e.g., inadequate care, lack of communication, etc.]. Specifically, [provide details about the treatment you received that you found unsatisfactory or harmful].

I believe this treatment does not meet the standards of care expected in our healthcare system, and I am concerned about the impact it has had on my health and well-being.

I kindly request that you look into this matter and address my concerns. I trust that you will take the necessary steps to prevent this from happening to others in the future.

Thank you for your attention to this important matter. I look forward to your prompt response.

Sincerely,

[Your Name]