

Complaint Letter Regarding Inadequate Medical Care

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally express my serious concerns regarding the medical treatment I received on [Date of Treatment] at [Name of Hospital/Clinic]. My experience represented a clear case of inadequate care that not only compromised my health but also caused undue distress.

Details of my complaint include:

- [Brief description of the inadequate care received, including specific dates, treatments, and outcomes]
- [Specific instances of negligence or lack of attention, such as missed diagnoses, improper treatment, etc.]
- [Impact of the inadequate care on your health and well-being]

I believe that patients deserve a standard of care that promotes their health and safety. I expect a thorough investigation into my complaint and a prompt response outlining your findings and the actions that will be taken to address this issue.

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

Sincerely,

[Your Name]