

Letter of Complaint Regarding Medical Negligence

Date: [Insert Date]

Your Name: [Your Full Name]

Your Address: [Your Address]

Your City, State, Zip Code: [City, State, Zip]

Email: [Your Email]

Phone: [Your Phone Number]

To Whom It May Concern,

I am writing to formally complain about the medical negligence I experienced at [Name of Medical Facility or Practitioner] on [Date of Incident]. The lack of informed consent prior to my treatment has caused me significant distress and complications.

During my visit, I was subjected to [describe the procedure or treatment], without being adequately informed of the risks, benefits, and alternatives. I believe that I did not provide informed consent, as I was not fully aware of the potential consequences associated with the procedure.

This experience has led to [describe any complications or negative outcomes], further impacting my health and well-being. I firmly believe that I have the right to make informed decisions about my medical treatment, and my rights were violated in this instance.

I request an investigation into this matter and look forward to your prompt response regarding how you plan to address this issue. Please find enclosed copies of relevant documents for your review.

Thank you for your attention to this serious matter.

Sincerely,

[Your Full Name]