

Medical Negligence Complaint Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Hospital/Clinic Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally lodge a complaint regarding the medical treatment I received at [Hospital/Clinic Name] on [Date of Surgery]. I underwent a [Type of Surgery] performed by Dr. [Surgeon's Name]. Unfortunately, my experience has been severely marred by what I believe to be medical negligence.

On [Date of Surgery], I was scheduled for [Type of Surgery], which I was assured would be minimally invasive and carried low risks. However, after the procedure, I experienced unexpected complications, including [describe complications]. I consulted with [another doctor or specialist] on [date], who informed me that the issues were a direct result of [describe surgical error or negligence].

As a patient, I trusted that I would receive competent and safe medical care. I believe that the lack of proper protocols and oversight during my surgery has caused me unnecessary pain and suffering, and has significantly impacted my recovery and quality of life.

I am requesting a thorough investigation into this matter and expect a response regarding steps that will be taken to address this complaint. Additionally, I seek assistance with my medical bills related to the complications arising from this situation.

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

Sincerely,

[Your Name]