

# Appeal Regarding Healthcare Service Issues

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Title]

[Healthcare Organization's Name]

[Organization's Address]

[City, State, Zip Code]

## **Subject: Appeal Regarding Healthcare Service Issues**

Dear [Recipient's Name],

I am writing to formally appeal regarding issues I encountered with the healthcare services provided at [Facility/Location] on [Date of Service]. I believe my concerns warrant attention due to [briefly state the reason, e.g., subpar treatment, long wait times, misdiagnosis, etc.].

To provide context, during my visit, [describe the specific issues you faced, including any relevant details such as the names of staff members involved, treatments received, and how it affected your health or well-being].

I hope to resolve this matter amicably and seek your assistance in addressing my concerns. I would appreciate any guidance on how to proceed, as well as any actions that can be taken to prevent similar issues in the future.

I look forward to your prompt response to this appeal.

Thank you for your attention to this matter.

Sincerely,

[Your Name]