

Letter of Dissatisfaction

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Health Service Provider's Name]

[Provider's Address]

[City, State, Zip Code]

Subject: Letter of Dissatisfaction Regarding Health Service

Dear [Recipient's Name],

I am writing to express my dissatisfaction with the service I received at [location or facility name] on [date of service]. My experience was not in line with the high standards I expected based on [name any prior experiences or recommendations].

Specifically, I was disappointed with [describe the specific issue, e.g., wait times, quality of care, staff behavior]. This was concerning because [explain why this is important, e.g., affecting your health, causing distress].

I hope to see improvements in the future as it is imperative that all patients receive the high-quality care they deserve. Thank you for addressing this issue promptly.

Sincerely,

[Your Name]