

Grievance Letter

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Title/Position]

[Medical Institution/Practice Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally express my grievance regarding the treatment I received from [Medical Practitioner's Name] on [Date of Appointment].

During my visit, I experienced the following issues: [Describe the specific issues or concerns about the treatment, including any relevant details or incidents].

This experience has caused me [mention any impacts such as emotional distress, financial burden, etc.]. I believe that [Medical Practitioner's Name] did not meet the professional standards expected in their practice.

I request that appropriate action be taken to address this matter. I would appreciate your response regarding the steps that will be taken to resolve my grievance.

Thank you for your attention to this matter.

Sincerely,

[Your Name]