

# Request for Investigation into Medical Treatment

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Organization Name]

[Hospital/Organization Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request an investigation into the medical treatment I received on [Date of Treatment] at [Hospital/Organization Name]. I believe that there were significant issues associated with my care that warrant further examination.

Details of my situation include:

- **Date of treatment:** [Date]
- **Treatment received:** [Description of Treatment]
- **Concerns:** [Briefly explain your concerns]

It is important to me that this matter is addressed, not only for my personal resolution but also to ensure the safety and quality of care for future patients.

I appreciate your attention to this serious matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]