

Letter of Dissatisfaction with Healthcare Provider's Service

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email]

[Your Phone Number]

[Recipient Name]

[Healthcare Provider's Name]

[Provider's Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to express my dissatisfaction with the service I received at [Healthcare Provider's Name] on [Date of Visit]. My experience fell significantly short of my expectations, and I believe it is important to bring this matter to your attention.

During my visit, I encountered several issues, including [briefly describe issues, e.g., long wait times, lack of communication, unsatisfactory treatment, etc.]. This not only caused me great frustration but also affected my overall health and well-being.

I trust that providing quality care is a priority for your institution, and I hope you will take my concerns seriously. It would be appreciated if you could address these issues to prevent them from happening in the future.

Thank you for your attention to this matter. I look forward to hearing from you soon.

Sincerely,

[Your Name]