

# Letter of Discontent

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Medical Facility/Clinic Name]

[Facility Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to express my concerns regarding the medical assistance I received on [Insert Date of Service]. Unfortunately, my experience did not meet the expectations I had for quality care.

Specifically, [briefly describe the issues encountered, e.g., delays in treatment, lack of communication, inadequate care, etc.]. This has significantly impacted my health and my overall experience with your facility.

I would appreciate it if you could address these concerns and provide me with a response detailing how such issues can be rectified in the future. My aim is to ensure that no other patients experience similar challenges.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]