

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date

Recipient's Name  
Medical Facility's Name  
Facility Address  
City, State, Zip Code

Dear [Recipient's Name],

I am writing to express my concerns regarding my recent experience at [Facility Name] on [Date of Appointment]. I believe that feedback is an essential part of improving patient care, and I hope my comments can aid in enhancing your services.

During my visit, I encountered several issues that I found concerning:

- Poor communication from the medical staff.
- Lack of attention during my examination.
- Delayed response to my questions and concerns.
- Inadequate explanation of the treatment plan.

I expected a certain level of care and professionalism, and unfortunately, my experience did not meet those expectations. I believe that every patient deserves to be treated with respect and to receive clear, compassionate care.

I hope you will take this feedback seriously and work to improve the patient experience at [Facility Name]. Thank you for taking the time to consider my concerns.

Sincerely,  
Your Name