

# Complaint Letter Regarding Prolonged Medical Delays

Your Name  
Your Address  
City, State, Zip Code  
Email Address  
Phone Number  
Date: [Insert Date]

Recipient Name  
Hospital/Clinic Name  
Address  
City, State, Zip Code

Dear [Recipient Name],

I am writing to formally express my concern regarding the prolonged delays I have experienced in receiving medical treatment at your facility. My name is [Your Name], and I have been a patient at [Hospital/Clinic Name] since [Date].

On [Specific Date], I was scheduled for an appointment regarding [Specific Issue] but faced unexpected delays that have severely impacted my health and well-being. Despite multiple follow-ups, I have not received a satisfactory response or an accurate timeline for my treatment.

These delays are not only frustrating but also detrimental to my health. I understand that medical facilities can become busy, but clear communication and timely care are essential for patients' welfare.

I kindly request a prompt response regarding this matter and ask for a resolution that ensures timely medical care in the future. Please contact me at your earliest convenience at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]