

Formal Complaint Regarding Inadequate Injury Compensation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Company/Insurance Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my dissatisfaction with the compensation offered regarding my injury claim, reference number [Insert Claim Number]. I believe that the compensation provided is inadequate in light of the injury I sustained on [Insert Date of Injury], which has significantly impacted my quality of life.

Despite submitting all necessary documentation, including medical reports and expense receipts, the settlement amount does not adequately cover my medical expenses or the suffering endured. I respectfully request that you review my case and reconsider the compensation amount.

I look forward to your prompt response and resolution to this matter. Should I not receive a satisfactory reply, I will consider further actions.

Thank you for your attention to this issue.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]