

Letter of Dissatisfaction with Health Service Treatment

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

To Whom It May Concern,
[Health Service Provider's Name]
[Health Service Provider's Address]
[City, State, Zip Code]

Subject: Dissatisfaction with Health Service Treatment

Dear [Recipient's Name],

I am writing to formally express my dissatisfaction with the treatment I received on [date of treatment] at [location/service name]. Despite my expectations of professional and empathetic care, I experienced several issues that I believe must be addressed.

[Describe specific issues such as lack of communication, inadequate treatment, long waiting times, etc.]

I was particularly disappointed by [include details: for example, how the care fell short of expectations, specific incidents, etc.]. This experience has not only affected my health but has also caused significant distress.

I believe that all patients deserve respectful and quality treatment, and I hope you will take my concerns seriously. I would appreciate a prompt response explaining how you plan to address these issues to improve patient care in the future.

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

Sincerely,
[Your Name]