

Formal Complaint Regarding Health Service Quality

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Recipient Name

Title

Hospital/Clinic Name

Hospital/Clinic Address

City, State, Zip Code

Dear [Recipient Name],

I am writing to formally express my dissatisfaction with the quality of health services I received at [Hospital/Clinic Name] on [Date of Visit].

Despite my expectations for quality care, I experienced several issues that have prompted me to raise this concern. Specifically, [mention specific incidents or aspects of care that were inadequate].

The lack of [specific issue, e.g., timely response, professionalism, etc.] has caused me significant distress and has adversely affected my health outcome.

I believe it is crucial for [Hospital/Clinic Name] to address these issues to prevent similar experiences for other patients in the future. I request a thorough investigation of my concerns and a formal response regarding the actions taken to remedy these issues.

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

Sincerely,

[Your Name]