

Letter of Dissatisfaction

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Doctor's Office Name]

[Doctor's Office Address]

[City, State, Zip Code]

Dear [Doctor's Name or Office Manager],

I am writing to express my dissatisfaction with my recent appointment on [insert appointment date] at your office. I had anticipated a professional and supportive environment, however, I left feeling concerned about the quality of service I received.

First, I was [describe the issue, e.g., made to wait excessively, did not receive adequate attention, etc.]. This was particularly disappointing as I had scheduled this appointment with the expectation of receiving thorough care.

Additionally, [describe any specific incidents or experiences]. This experience has led me to reconsider my choice of healthcare provider.

I hope to see improvements in the future as I believe that all patients deserve respectful and efficient healthcare service. Thank you for your attention to this matter.

Sincerely,

[Your Name]