

# Grievance About Scheduling Issues

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To: [Recipient Name]

[Title/Position]

[Medical Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to express my dissatisfaction with the scheduling issues I have encountered while trying to secure appointments with [Doctor's Name] at [Medical Institution Name]. Despite multiple attempts to arrange my appointments, I have faced delays and cancellations that have adversely affected my healthcare experience.

Specifically, on [list dates and any specific issues encountered], I encountered difficulties such as [describe the issues, e.g., long wait times, unavailability of preferred times, last-minute cancellations]. These issues have caused [explain any health implications, stress, or inconvenience].

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

Sincerely,

[Your Name]