

Client Grievance Letter for Malpractice

Your Name

Your Address

City, State, Zip Code

Email: your.email@example.com

Phone: (123) 456-7890

Date: [Insert Date]

Recipient's Name

[Medical Professional's Name or Institution Name]

Address

City, State, Zip Code

Subject: Grievance Letter for Malpractice

Dear [Recipient's Name],

I am writing to formally express my grievance regarding the medical treatment I received on [Insert Date] at [Insert Location/Facility Name]. I believe that the treatment was substandard and constitutes malpractice.

Details of the incident:

- **Date of Treatment:** [Insert Date]
- **Description of Treatment:** [Briefly describe the treatment received]
- **Issues Encountered:** [Explain specific issues that led to the grievance]
- **Impact:** [Discuss the repercussions of the treatment on your health or wellbeing]

Given the circumstances, I request a thorough investigation into this matter and a written response outlining the steps that will be taken to address my concerns. I expect acknowledgement of this grievance within [insert timeframe, e.g., 15 business days].

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

Sincerely,

[Your Name]