

Grievance Letter Regarding Hospital Dietician Services

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]

Date: [Insert Date]

[Recipient's Name]
[Hospital Name]
[Hospital Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my concerns regarding the dietician services I received at [Hospital Name] during my recent stay from [Start Date] to [End Date].

Despite my dietary restrictions and specific health needs, I found the dietician services to be lacking in the following ways:

- Inadequate understanding of my dietary restrictions.
- Failure to offer suitable meal options that cater to my condition.
- Limited follow-up on my nutritional needs.

I believe that proper nutrition is crucial for recovery, and I feel that my concerns were not adequately addressed. I would appreciate a review of my case and improvements in the dietician services offered at your facility.

Thank you for taking the time to consider my grievance. I look forward to your prompt response.

Sincerely,

[Your Name]