

Hospital Complaint Acknowledgment

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Address: [Insert Patient Address]

Dear [Patient Name],

We acknowledge receipt of your complaint submitted on [Insert Submission Date]. We take your concerns seriously and are committed to addressing them promptly.

Your feedback is invaluable to us and will be reviewed thoroughly by our team. A member of our staff will reach out to you within [Insert Time Frame] to discuss your concerns further.

Thank you for bringing this matter to our attention. We value your input and strive to improve our services.

Sincerely,

[Your Name]

[Your Position]

[Hospital Name]

[Contact Information]