

Formal Complaint Regarding Patient Care

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Title]

[Hospital/Clinic Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient Name],

I am writing to formally express my concern regarding the quality of patient care received by my [relation, e.g., father, mother, etc.], [Patient's Name], during their recent stay at [Hospital/Clinic Name] from [Start Date] to [End Date].

Specifically, I would like to address the following issues:

- Inadequate communication about treatment plans
- Delayed responses to medical needs
- Lack of attention to prescribed medications

These issues not only affected the quality of care but also caused unnecessary distress for both the patient and our family. I believe it is essential for patient care standards to be upheld, and I hope that you will investigate this matter seriously.

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

Sincerely,

[Your Name]