

Complaint Regarding Mobility Assistance Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

[Recipient's Name]

[Company/Organization Name]

[Company Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally complain about the mobility assistance services I received on [specific date] while utilizing your facilities. Unfortunately, my experience did not meet the standards I expected.

Specifically, I encountered issues such as [briefly outline the issues, e.g., long waiting times, unhelpful staff, lack of available equipment]. These issues significantly impacted my ability to navigate [mention specific location or service] and caused considerable inconvenience.

I believe these matters require urgent attention to improve the service for future users. I would appreciate it if you could address my concerns and inform me of any corrective measures you intend to implement.

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

Sincerely,

[Your Name]