

Your Name
Your Address
City, State, ZIP Code
Email Address
Phone Number
Date

Recipient's Name
Title
Hospital/Clinic Name
Address
City, State, ZIP Code

Dear [Recipient's Name],

I am writing to formally complain about the inadequate follow-up I have experienced after my recent medical treatment at [Hospital/Clinic Name]. On [date of treatment], I underwent [type of treatment] under the care of [Doctor's Name].

Since my treatment, I have not received any follow-up communication regarding my recovery progress or necessary next steps, despite being informed that I would be contacted within [expected time frame]. This lack of follow-up has caused me significant concern regarding my health and recovery.

It is important to me that patients receive the necessary support and communication to ensure their well-being. I kindly request a prompt response regarding this matter and a clear plan for my follow-up care.

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

Sincerely,
[Your Name]