

Formal Complaint Regarding Delayed Treatment

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

Hospital Administrator
Hospital Name
Hospital Address
City, State, Zip Code

Dear [Hospital Administrator's Name],

I am writing to formally express my concerns regarding the delayed treatment I received during my recent visit to [Hospital Name] on [Date of Visit].

Upon my arrival, I was in considerable pain and expected timely medical attention. However, I experienced significant delays that I believe negatively impacted my health and recovery process. Despite following the necessary procedures, I waited for [duration of wait] before receiving care.

This experience was not only distressing but also contrary to the standards of care that I expected from a facility of your reputation. I trust that you take patient care seriously and will investigate the circumstances surrounding my case.

I would appreciate a prompt response to my concerns and an explanation regarding the procedures in place to prevent such delays in the future. Thank you for your attention to this matter.

Sincerely,

[Your Name]