

Your Name

Your Address

City, State, Zip Code

Email Address

Phone Number

Date

Recipient's Name

Recipient's Title

Healthcare Facility Name

Facility Address

City, State, Zip Code

Dear [Recipient's Name],

I am writing to formally express my concern regarding the inadequate medical care I received at [Healthcare Facility Name] on [specific date]. Despite my efforts to address my health issues, I believe the treatment I received was insufficient and did not meet the standards expected from your facility.

Specifically, I faced [describe the specific issue or treatment inadequacy]. This has led to [explain the consequences of inadequate care, such as deterioration of health, additional medical issues, etc.]. I sought help to address my condition, and it is disheartening to feel that my concerns were not taken seriously.

I respectfully request a thorough review of my case and an explanation of the steps that will be taken to prevent similar situations in the future. It is essential for the patients at [Healthcare Facility Name] to receive the highest standard of care possible.

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

Sincerely,

[Your Name]