

Formal Complaint Regarding Refusal of Care

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

To Whom It May Concern,

I am writing to formally express my concern regarding an incident that occurred on [date of incident] at [name of facility or hospital]. I was seeking medical attention for [brief description of issue], and I was refused care by [name of medical personnel, if known].

This refusal of service was distressing and left me feeling vulnerable and unsupported. According to [cite any relevant policies or regulations], I believe I had the right to receive appropriate care and assistance.

I kindly request a thorough investigation into this matter and would appreciate a written response regarding the steps that will be taken to address my concerns.

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

Sincerely,

[Your Name]