

Formal Complaint Regarding Delayed Treatment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally express my concern regarding the delayed treatment I experienced at [Hospital Name] on [Date of Treatment]. My scheduled appointment was at [Appointment Time], and I was not seen by a medical professional until [Actual Appointment Time], resulting in a delay of [Duration of Delay].

This delay caused not only inconvenience but also increased my anxiety regarding my health condition. I believe that timely medical attention is crucial and I trust that this matter is taken seriously to prevent similar situations in the future.

I would appreciate a response to my complaint and any actions taken to address this issue. Thank you for your attention to this important matter.

Sincerely,

[Your Name]