

Complaint Regarding Health Care Services

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally express my dissatisfaction with the health care services I received at [Hospital/Clinic Name] on [insert date of service].

Despite my expectations, I encountered the following issues:

- [Issue 1]
- [Issue 2]
- [Issue 3]

These experiences not only affected my health and well-being but also raised concerns regarding the quality of care provided. I believe that as a patient, I deserve a higher standard of care.

I would appreciate your prompt attention to these matters and look forward to your response outlining the steps that can be taken to address my concerns.

Thank you for your attention to this important issue.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]