

Letter of Dissatisfaction

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Healthcare Practitioner's Name]

[Practice Name]

[Address]

[City, State, ZIP Code]

Dear [Healthcare Practitioner's Name],

I am writing to express my dissatisfaction with the care I received during my recent visit on [insert date of visit]. Unfortunately, my experience did not meet the expectations I hold for quality healthcare.

Specifically, I was disappointed with [describe specific issues such as wait times, lack of communication, perceived unprofessionalism, etc.]. This has affected my trust in the care provided and has left me feeling [describe feelings such as frustrated, confused, etc.].

I believe that everyone deserves quality care, and I hope that my feedback can contribute to improvements within your practice. I would appreciate a response regarding how these issues might be addressed moving forward.

Thank you for your attention to this matter.

Sincerely,

[Your Name]