

# Documentation of Malpractice in Medical Care

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title or Office]

[Medical Facility Name]

[Facility Address]

[City, State, ZIP Code]

## **Subject: Documentation of Malpractice Incident**

Dear [Recipient's Name],

I am writing to formally document and express my concerns regarding an incident of malpractice that occurred during my medical treatment on [Insert Date of Incident] at [Medical Facility Name].

During the treatment, the following events took place:

- [Detail the specific event or error that occurred]
- [Include any relevant dates, times, and names of medical personnel involved]
- [Mention any immediate effects or injuries suffered]

I have attached the relevant medical records, correspondence, and any other evidence that supports my claims. I believe it is essential to thoroughly investigate this matter to prevent further occurrences and ensure patient safety.

I would appreciate your prompt attention to this serious issue and request a written response within [Insert Timeframe]. Thank you for addressing my concerns.

Sincerely,

[Your Signature]

[Your Printed Name]