

Formal Grievance Against [Medical Service Provider's Name]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

To Whom It May Concern,

I am writing to formally raise a grievance against [Medical Service Provider's Name], located at [Provider's Address], regarding my treatment on [Date of Service].

During my visit, I experienced the following issues:

- [Detail the first issue you faced]
- [Detail the second issue you faced]
- [Detail any additional issue you faced]

These issues have caused me [explain how it affected you], and I believe they reflect a lack of adequate care or professionalism from your staff.

I would appreciate a timely response regarding this matter, and I would like to know what steps your organization intends to take to address my concerns.

Thank you for your attention to this serious matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]