

Letter of Objection to Medical Service Delivery

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Date]

[Recipient's Name]

[Recipient's Title]

[Hospital/Clinic Name]

[Hospital/Clinic Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally express my objection regarding the medical service delivery I received on [specific date] at [specific location]. Despite my expectations for quality care, I encountered several issues that I believe require your immediate attention.

Specifically, I experienced [describe the issues in detail, e.g., long wait times, lack of proper diagnosis, inadequate communication, etc.]. These circumstances not only affected my well-being but also caused unnecessary emotional and physical distress.

I kindly request that you investigate this matter and implement the necessary changes to improve the quality of service at your facility. I look forward to your prompt response regarding this issue.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]