

Grievance Letter for Alleged Malpractice

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title]
[Organization/Institution Name]
[Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally submit a grievance regarding what I believe to be malpractice actions that have occurred during my recent interactions with [specify the medical professional's or institution's name].

On [date], I received [describe the treatment or procedure] and have serious concerns regarding [outline specific issues, e.g., negligence, failure to provide proper care, etc.].

My specific concerns are as follows:

- [Concern 1: explanation]
- [Concern 2: explanation]
- [Concern 3: explanation]

I feel that these actions have resulted in [mention any damages, discomfort, or health issues]. I have attempted to resolve these issues directly with [mention any prior communications] but have yet to receive an adequate response.

In light of these serious concerns, I am requesting a formal investigation into this matter and appropriate actions to be taken to ensure such incidents do not occur in the future.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]