**Your Details Go Here**Full Name

Address

Email and phone number

DATE

**Doctor/Practice/Health Service Details Go Here**

Doctor Name or Health Service

Role In Health Service

Health Service Address

Dear Practice Manager/Doctor/Staff Role,

**PATIENT NAME – DOB:**

I am writing to complain about the treatment I received at your [health service]. My complaint is about [briefly describe the issue]. The key people involved were [names and roles of the individuals involved].

Here is what happened:

On [date], [describe the event]. [Include for each event that occurred if more than once]

I have attached copies of supporting documents [if you have this information], including [list any documents, names and contact details of witnesses, and relevant medical reports]. **[NOTE\* DO NOT SEND ORIGINAL DOCUMENTS**] I have kept the originals.

I believe my treatment was not good because [explain what was wrong with your treatment].

This affected me [emotionally/physically/financially] in the following ways: [explain how you have been affected].

I would like you to do the following to resolve my complaint: [explain what you want and what action you think should be taken].

Please acknowledge this letter in writing and let me know how long it will take to investigate and respond. If this complaint is not resolved, I will [state what you will do if not resolved, such as contacting a higher authority or exploring other options for resolution].

Thank you for your attention to this matter.

Yours sincerely,

[Your Name]