

Sample Complaint Letter with Medical Report as Evidence

This document provides a **sample complaint letter with a medical report as evidence**, demonstrating how to formally present a grievance supported by corroborative medical documentation. The letter outlines the complainant's concerns clearly and factually, while the attached medical report serves as critical proof to substantiate the claims made. This format ensures that the complaint is both serious and professionally articulated, facilitating effective communication for dispute resolution or legal proceedings.

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

[Recipient Name/Title]
[Recipient's Position, if known]
[Company/Organization Name]
[Address]
[City, State, ZIP Code]

Subject: Formal Complaint â€“ [Brief Subject or Incident Description]

Dear [Recipient Name],

I am writing to formally lodge a complaint regarding [describe the incident or issue clearly, e.g., the injury sustained at your premises on June 1, 2024]. Following this incident, I have experienced significant physical and emotional distress, as outlined in the accompanying medical report.

On [date of incident], at approximately [time], I [briefly describe what happened, where, and the immediate consequences]. Despite my attempts to address this matter informally, I have not received a satisfactory resolution.

Please find attached a certified medical report from [Hospital/Doctor Name] dated [medical report date]. This report details the nature and extent of my injuries, the treatment required, and the expected recovery time. The key findings of the report are:

- Diagnosis: [State the diagnosis, e.g., fractured wrist]
- Treatment Received: [e.g., X-rays conducted, cast applied]
- Prognosis: [e.g., unable to work for six weeks]

In light of the above, I request [state your preferred resolution, e.g., reimbursement of medical expenses, compensation for lost wages, corrective measures to prevent recurrence, etc.].

I hope to resolve this matter amicably and promptly. However, if I do not receive a satisfactory response within [number] business days, I will have no option but to pursue further action.

Please acknowledge receipt of this complaint and inform me of the steps being taken to address my concerns.

Sincerely,
[Your Name]

Attachment: Medical Report from [Hospital/Doctor Name]