Your name

Your address

Your telephone number/s

Your email address

Today’s date

Health service provider’s name

Position title

Business name

Business address

Dear <contact name>,

Subject of your letter

Explain your concerns: What happened and when? Advise what the impact of this incident has been on you.

Attach relevant documents: this may be copies of any photos or fees, which are relevant to your complaint.

What outcome are you looking for? Clearly state how you would like your complaint resolved, for example:

* an explanation
* an apology
* refund your money
* access to services
* access to or correction of records
* change in policy or practice.

Give a reasonable timeframe for them to respond and explain how and when you can be contacted.

Yours sincerely,

<Your signature>

<Your name (printed)>