

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Your Email Address]  
[Your Phone Number]  
[Date]  
[Recipient Name]  
[Title]  
[Department of Health and Human Services]  
[Address]  
[City, State, Zip Code]

Subject: Formal Complaint Submission

Dear [Recipient Name],

I am writing to formally submit a complaint regarding [briefly describe the nature of your complaint, e.g., discrimination, improper treatment, denial of services].

[Provide a detailed account of the issue, including relevant dates, locations, and any individuals involved. Be as specific as possible about your experience and the impact it has had on you.]

As a result of this experience, I believe that [explain why you feel the situation warrants a complaint and any relevant policies or regulations that may have been violated].

I request that your department investigates this matter and takes appropriate action. I would appreciate a written response to my complaint, outlining the steps that will be taken.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]