

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient's Name]  
[Recipient's Title]  
[Company/Organization Name]  
[Company Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to report some side effects I have experienced after using the [specific type or brand of IUD] since [insert date of insertion].

The side effects I have encountered include:

1. [List the side effects experienced, e.g., severe cramping, irregular bleeding, etc.]
2. [Additional side effect if applicable]
3. [Additional side effect if applicable]

These symptoms have caused [describe the impact on daily life, e.g., discomfort, anxiety, etc.]. I believe it is important to document these experiences to contribute to a better understanding of the potential side effects associated with the use of [specific IUD name].

If you require any further information or details regarding my experiences, please feel free to reach out to me at [your phone number] or [your email address].

Thank you for your attention to this matter.

Sincerely,  
[Your Name]