

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

Kaiser Permanente
[Complaints Department Address]
[City, State, Zip Code]

Dear Kaiser Permanente Complaints Department,

Subject: Complaint Regarding [Brief Description of the Issue]

I am writing to formally express my dissatisfaction with [describe the specific issue, e.g., services received, billing problems, etc.] that I experienced on [date].

[Provide a detailed account of the situation, including any relevant details such as appointment dates, names of staff, and any prior communication regarding the issue.]

I believe that this matter needs to be addressed and would appreciate your prompt attention to this issue. I am hopeful for a resolution that includes [suggest any desired outcomes, if applicable].

Thank you for your time and consideration. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Kaiser Permanente Member ID, if applicable]