

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

Customer Service
Kaiser Permanente
[Company Address]
[City, State, Zip Code]

Dear Kaiser Permanente Customer Service,
Subject: [Brief Description of Complaint]

I am writing to formally express my dissatisfaction regarding [describe the issue briefly, e.g., "my recent experience with your customer service" or "an issue with my medical billing"] on [date of incident].
[In the next paragraph, provide a detailed description of the issue. Explain what happened, any relevant dates, times, locations, and individuals involved, if applicable. Include any attempts you have made to resolve the issue.]

I believe this matter requires urgent attention as it has [explain how it has affected you, e.g., caused inconvenience, additional costs, health issues, etc.].

I kindly request [state your desired outcome, e.g., a refund, a resolution, an apology, etc.].

Thank you for your attention to this matter. I hope to hear back from you soon.

Sincerely,

[Your Name]
[Your Member ID (if applicable)]