

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

[Address of the PIP Office]  
[City, State, ZIP Code]

Subject: Request for Review of PIP Decision

Dear [PIP Office/Assigned Caseworker's Name],

I am writing to formally contest the decision made regarding my Personal Independence Payment (PIP) claim, dated [insert date of the decision]. I believe there are contradictions in the assessment that need to be addressed.

1. **\*\*Overview of the Decision\*\***

In your letter dated [insert date], it states that [briefly summarize the key points of the decision].

2. **\*\*Contradictions Noted\*\***

I would like to highlight specific contradictions:

- [Contradiction 1: Explain briefly]
- [Contradiction 2: Explain briefly]
- [Contradiction 3: Explain briefly]

3. **\*\*Supporting Evidence\*\***

To support my claim, I have attached documents including:

- [List any relevant documents or evidence, e.g., medical reports, personal statements, etc.]

4. **\*\*Request for Reevaluation\*\***

I kindly request a reevaluation of my circumstances and consideration of the contradictions mentioned.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending by post)]

[Your Printed Name]