

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

[Recipient's Name]
[Recipient's Title]
[Organization/Company Name]
[Organization/Company Address]
[City, State, Zip Code]

Subject: Appeal for BWC Claim [Claim Number]

Dear [Recipient's Name],

I am writing to formally appeal the decision made regarding my Bureau of Workers' Compensation (BWC) claim, number [Claim Number], dated [Date of Decision].

The basis for my appeal is [briefly outline your reason for the appeal, e.g., "the medical evidence provided was not thoroughly considered" or "the decision does not reflect the severity of my injury"]. I believe that a reevaluation of my claim is necessary for the following reasons:

1. [Reason 1: Provide specific details supporting your claim.]
2. [Reason 2: Include additional evidence or arguments.]
3. [Reason 3: Offer further justification or documentation as needed.]

I have attached [list any supporting documents, such as medical records, witness statements, or previous correspondence] that further substantiate my appeal.

I respectfully request a review of my case and look forward to your prompt response. Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]
[Your Printed Name]
[Your Position (if applicable)]