

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

[Recipient Name]  
[Unemployment Office Name]  
[Office Address]  
[City, State, Zip Code]

Subject: Appeal for Unemployment Insurance Claim Denial - [Your Claim Number]

Dear [Recipient Name],

I am writing to formally appeal the decision regarding my unemployment insurance claim (Claim Number: [Your Claim Number]), which was denied on [Date of Denial]. I believe that this decision was made in error and would like to provide additional information for your review.

[Explain the reason for your claim and any relevant details about your employment situation. Include any documentation that supports your appeal, such as termination letters, pay stubs, or other relevant communication.]

Given these circumstances, I respectfully request that you reconsider the decision on my claim. I am providing [list any documents you are including] as evidence to support my appeal.

Thank you for taking the time to review my appeal. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Claim Number]