

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

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

Subject: FHSA Appeal Letter

Dear [Recipient Name],

I am writing to formally appeal the decision regarding my [specific FHSA issue, e.g., application, claim, etc.] dated [date of original decision].

[Provide a brief summary of the original decision and the reasons you believe it should be reconsidered.]

[Explain any supporting information or documentation that reinforces your appeal.]

I respectfully request that you review my case and reconsider the decision based on the information provided. I believe that [state your reasons clearly and concisely].

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]