

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Title]
[Department of Health and Human Services]
[Address]
[City, State, Zip Code]
Subject: Appeal of [HHS Complaint Reference Number]
Dear [Recipient's Name],
I am writing to formally appeal the decision made regarding my complaint
[HHS Complaint Reference Number], submitted on [date of original
complaint].
[Briefly describe the nature of your complaint and the decision made].
I respectfully disagree with this decision for the following reasons:
1. [Reason 1]
2. [Reason 2]
3. [Reason 3]
I am requesting a reevaluation of the circumstances surrounding my
complaint based on the information provided above. I believe that [state
your reasoning or any additional information that supports your appeal].
Thank you for considering my appeal. I look forward to your prompt
response regarding this matter.
Sincerely,
[Your Signature (if sending a hard copy)]
[Your Printed Name]