

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

[Recipient Name]
[Department/Office Name]
[Department of Health and Human Services]
[Office Address]
[City, State, Zip Code]

Subject: Appeal of HHS Registration Decision

Dear [Recipient Name],

I am writing to formally appeal the decision regarding my HHS registration dated [Date of Decision]. My registration, identified by application number [Application Number], was [state the decision, e.g., denied, suspended, etc.].

[Provide a brief overview of the situation, including any relevant details leading to the decision. Mention specific reasons provided for the decision.]

I believe the decision may have been made in error based on the following grounds:

1. [Ground 1: Explain reason and provide supporting evidence if available.]
2. [Ground 2: Explain reason and provide supporting evidence if available.]
3. [Ground 3: Explain reason and provide supporting evidence if available.]

I respectfully request that you review my case in light of the information provided. I believe this will demonstrate my eligibility for registration with HHS.

Thank you for considering my appeal. I look forward to your prompt response.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]