

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

[Recipient Name]
[Department/Office Name]
[Agency/Organization Name]
[Address]
[City, State, Zip Code]

Subject: Appeal for [Brief Description of the Issue]

Dear [Recipient Name],

I am writing to formally appeal the decision made on [Date of Decision] regarding [specific issue, e.g., application for benefits, claim denial, etc.]. My case/reference number is [Case/Reference Number].

[Briefly explain the reason for your appeal, providing necessary details and any relevant documentation. Include specific points of disagreement with the decision.]

I believe that [Reason you think the decision should be reconsidered].

Attached, you will find [list any documents you are including to support your appeal, e.g., additional evidence, expert opinions, etc.].

I kindly request a review of my case and would appreciate your prompt attention to this matter. Please feel free to contact me at [your phone number] or [your email] if you need further information or clarification.

Thank you for considering my appeal.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]