

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

Ohio Department of Job and Family Services

[Office Address]  
[City, State, Zip Code]

Re: Appeal of Unemployment Claim Denial - Claimant ID: [Your Claimant ID]

To Whom It May Concern,

I am writing to formally appeal the denial of my unemployment compensation claim dated [Date of Denial Letter]. I believe that my claim was denied in error and would like to provide additional information for your consideration.

[Paragraph explaining your reason for the appeal, including relevant details about your employment history, circumstances leading to the unemployment, and any supporting evidence.]

I request a review of my case and am willing to provide any further documentation needed to support my claim. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your time and consideration.

Sincerely,

[Your Name]

[Your Signature (if sending by mail)]