

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

West Virginia Division of Labor  
Unemployment Compensation Division  
[Address]  
[City, State, Zip Code]

Subject: Dispute of Unemployment Claim Decision

Claim Number: [Insert Claim Number]

Dear [Recipient's Name or "To Whom It May Concern"],

I am writing to formally dispute the decision made regarding my unemployment claim dated [insert date of decision]. I believe this decision is incorrect due to the following reasons:

1. \*\*[First Reason for Dispute]\*\*
  - [Provide specific details or evidence supporting your position.]
2. \*\*[Second Reason for Dispute]\*\*
  - [Provide specific details or evidence supporting your position.]
3. \*\*[Optional Third Reason for Dispute]\*\*
  - [Provide specific details or evidence supporting your position.]

I would appreciate your prompt attention to this matter and respectfully request a review of my claim based on the information provided.

Please feel free to contact me at [your phone number] or [your email address] if you require further information or clarification.

Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]