

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

Ohio Department of Job and Family Services
[Address of the local unemployment office]
[City, State, Zip Code]

Subject: Appeal of Unemployment Compensation Denial

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

I am writing to formally appeal the decision made regarding my unemployment compensation claim with the claim number [Your Claim Number]. On [Date of Denial], I received a notice stating that my benefits were denied due to [briefly state the reason provided for the denial].

I believe this decision was made in error because [provide a clear and concise explanation of why you believe the decision should be overturned, including any relevant details or evidence].

Enclosed are copies of [list any documents you are including, such as pay stubs, employment letters, or witness statements] that support my case. I respectfully request that you review this information and reconsider the denial of my unemployment benefits.

Thank you for your attention to this matter. I look forward to your prompt response and am willing to provide any further information if necessary.

Sincerely,

[Your Signature (if mailing a hard copy)]
[Your Printed Name]