

Request for Reconsideration

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization's Name]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally appeal for reconsideration regarding the outcome of my recent consultation on [insert date of consultation]. I believe that my case warrants a review based on [briefly state reasons for appeal].

During the consultation, we discussed [insert key points from the consultation]. However, I feel that [explain any discrepancies or additional information that supports your case].

Attached are supporting documents that provide further evidence, including [list any documents you are including, e.g., medical records, letters, etc.].

I hope you will take the time to review my appeal, as I believe it could lead to a different outcome in my case. Thank you for your consideration.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]