

Appeal for Healthcare Service Accreditation

Date: [Insert Date]

To: [Accrediting Body Name]

Address: [Accrediting Body Address]

Dear [Accrediting Body Contact Name],

I am writing to formally appeal the decision made on [insert decision date], regarding the accreditation of [Healthcare Service Name]. We believe that the decision does not accurately reflect our compliance with the standards set forth by your organization.

In our initial application, we provided comprehensive evidence demonstrating our adherence to the required standards, including [briefly outline key evidence or improvements made].

We kindly request a re-evaluation of our application, considering the following points:

- [Point 1: explanation]
- [Point 2: explanation]
- [Point 3: explanation]

We are committed to upholding the highest standards of care and would greatly appreciate the opportunity to discuss this matter further.

Thank you for your attention to this important issue.

Sincerely,

[Your Name]

[Your Position]

[Healthcare Service Name]

[Contact Information]