

# Letter of Appeal

Date: [Insert Date]

[Your Name]  
[Your Title]  
[Your Facility Name]  
[Facility Address]  
[City, State, Zip]  
[Email Address]  
[Phone Number]

[Recipient Name]  
[Title]  
[Department/Organization Name]  
[Office Address]  
[City, State, Zip]

## **Subject: Appeal for Denied Healthcare Facility License**

Dear [Recipient Name],

I am writing to formally appeal the denial of our application for a healthcare facility license, which was communicated to us on [insert date of denial]. We believe this decision warrants a reconsideration due to [briefly state your reasons for appeal].

Since the inception of our application, we have diligently worked to meet all regulatory requirements. We have implemented significant measures to address [any concerns raised by the committee] and believe that our facility has now achieved full compliance.

Enclosed with this letter are additional documents [list any supportive documents] that demonstrate our adherence to the required standards. We are committed to providing high-quality care to our community and believe that our facility plays an essential role in achieving that goal.

I kindly request an opportunity to meet with you to discuss our appeal further. Please feel free to contact me at your earliest convenience to arrange a meeting.

Thank you for your time and consideration of our appeal.

Sincerely,

[Your Name]  
[Your Title]  
[Your Facility Name]